

One and Two Year Old Child Survey

As the primary care giver of this child, would you rate your dental health as:

Excellent Good Average Fair Poor

As the primary care giver of this child, would you rate your dental knowledge as:

Excellent Good Average Fair Poor

How many teeth does your child have at this time? _____

Does your child have any dental or oral problems? _____

If so, what are they?

Are you happy with the appearance of your child's teeth? _____

If not, what is it that concerns you?

Do you clean your child's teeth? _____ **How often:** _____

What do you use to clean them?

Does your child currently use:

A Bottle A Sippy Cup Breast Feed

Does your child currently:

Suck their Thumb Use a Pacifier

Where does the water you drink and cook with come from?

City Well Bottled

May we take a photo of your child's first visit and post in on our Facebook Page?

Yes No

What other questions or concerns would you like to have addressed at this appointment?