1. On a scale of 1-10, how would you rate your smile?

Circle 1 2 3 4 5 6 7 8 9 10

2. What changes would you make to improve your smile?

☐ Straight teeth  ☐ Whiter teeth  ☐ Replace broken/missing teeth

3. How would you feel if you had your ideal smile?

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

4. Have you had Orthodontic (teeth straightening) treatment in the past?

☐ Yes  ☐ No

5. Would you like to have treatment to improve your smile?

☐ Yes  ☐ No

6. How soon would you like to start treatment to improve your smile?

☐ Immediately  ☐ 1-3 months  ☐ 3-6 months  ☐ 6-12 months
## Malocclusion classification: circle

<table>
<thead>
<tr>
<th>Molar Relationship</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Bite</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Overjet</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Crowding</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Spacing</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Crossbite</td>
<td>Anterior</td>
<td>Posterior</td>
<td>Left Side</td>
</tr>
<tr>
<td>Arch Form</td>
<td>U-Shaped (Rounded)</td>
<td>V-Shaped (Narrow)</td>
<td>Omega (Irregular)</td>
</tr>
<tr>
<td>Lingual Inclination</td>
<td>Mild 5-15 Degrees</td>
<td>Moderate 15-30 Degrees</td>
<td>Severe 30-60+ Degrees</td>
</tr>
</tbody>
</table>

## Associated with improper tooth alignment: tick

- [ ] Receding gums/clefting
- [ ] Abfractions (notching at gum-line)
- [ ] Excessive wearing of teeth
- [ ] Periodontal pocketing
- [ ] Difficulty brushing and flossing increased plaque levels
- [ ] Difficulty eating (food impaction)
- [ ] Decay
- [ ] Gingivitis
- [ ] Teeth shifting (crowded)