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RiverValleyDental

WELLNESS SUPPORT

A beautiful smile is a work of art and can be one of your greatest assets... a social and career confidence booster! Your smile is the first thing that people notice about you.

Are you happy with the appearance of your teeth and smile?	☐ *YES*	☐ *NO*
Are your teeth in alignment?	☐ *YES*	☐ *NO*
Do you have spaces you do not like?	☐ *YES*	☐ *NO*
Do you like the color fo your teeth?	☐ *YES*	☐ *NO*
Do you have silver fillings you would like removed?	☐ *YES*	☐ *NO*

How can we help you achieve YOUR best smile?

VITAMINS AND SUPPLEMENTS

Do you currently take any of the following?

☐ *Multivitamin*	☐ *OPC3*	☐ *Joint Supplementation*	☐ *Curcumin/Turmeric*
☐ *Omega III*	☐ *VITAMIN D with K2*	☐ *CoQ10*	☐ *Bromelein*
☐ *Calcium*	☐ *Vitamin B*	☐ *Magnesium*	☐ *Aloe*
☐ *Probiotic*	☐ *Vitamin C*	☐ *Digestive Enzymes*	☐ *Pre Natal*

Would you consider trying our vitamins that offer 90% absorption (versus 30% in most pills and capsules), rapid delivery, and superior ingredients to promote maximum benefit? Are you interested in a sample?

☐ *YES* ☐ *NO*

SLEEP

Do you experience ay of the following? If yes, please describe:

☐ *Snoring* ☐ *Grinding* ☐ *Restless Sleep* ☐ *Jaw Achiness* ☐ *<6hrs of sleep/night*

Have you considered using a sleep appliance? Do you know how your sleep affects your health? If yes, explain:

DIET & EXERCISE

How many glasses of water do you consume daily?

Check the following foods that are regularly in your diet:

☐ *Fruit*	☐ *Fish*	☐ *Bread*	☐ *Canned Food*	☐ *Grilled Foods*
☐ *Vegetables*	☐ *Grains*	☐ *Pasta*	☐ *Fried Foods*	
☐ *Beef*	☐ *Dairy*	☐ *Sweets*	☐ *Raw Foods*	
☐ *Chicken*	☐ *Nuts/Seeds*	☐ *Frozen Foods*	☐ *Steamed Foods*	

How frequently do you exercise?

Are you happy with your Weight?

Would you like support from our office to help you achieve your diet/exercise/weight loss goals?