

NEW MEMBER SURVEY

Please fill out this form so we can help provide you with the best care. Complete one form for each member of your household who is a DentaQuest Plan member. Once you are done, mail the form(s) back to the mailing address listed below. You can download new member surveys by visiting www.DentaQuest.com.

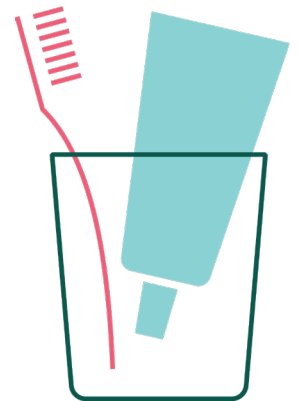
Name: _____

Date of Birth: _____

Phone: _____ (Cell) _____ (Home)

Today's Date (mm/dd/yyyy): _____

DentaQuest Member ID Number: _____



1. Do you have tooth pain or a dental problem right now?

Yes No

2. Have you been to the Emergency Room for a dental problem in the past 12 months?

Yes No

3. Was your last visit to the dentist more than 12 months ago?

Yes No

4. Do you brush your teeth *less than* twice a day?

Yes No

5. Do you have a special need that makes it hard for you to see the dentist?

Yes No

If yes, which one? (select all that apply)

- I have an intellectual and/or physical disability
- I am nervous or afraid to visit the dentist
- I use a wheelchair or stretcher
- Other (please explain) _____

6. Are you pregnant?

Yes No

7. Do you have a health problem or illness that makes it hard for you to see the dentist?

Yes No

If yes, which one? (select all that apply)

- Diabetes
- Kidney Disease
- Heart Disease
- Lung Disease
- Cancer
- Mental Illness or Mental Health Problem
- Drug or Alcohol use or abuse
- Other (please explain) _____

8. Do you have any other type of problem that makes it hard for you to see the dentist? (For example, "I don't have a way to get to the dentist.")

Yes No

If yes, (please explain) _____

Mail this form to:

DentaQuest
ATTN: Case Management
PO Box 2906
Milwaukee, WI 53201-9292

Monday - Friday 8 a.m. to 7 p.m.

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