

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/Florida.

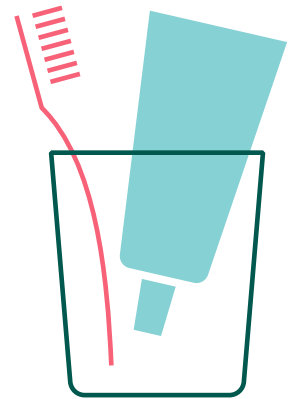
Name: _____

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.