

Acquaintance Form

Date _____

Patient Name _____

Whom May We Thank for This Referral? _____

These are the things that are important to me about my Dental Health:
(Circle One:)

1. My mouth is A) very comfortable.
B) moderately comfortable.
C) uncomfortable.

2. I A) think the appearance of my mouth is excellent.
B) satisfied with the appearance of my mouth.
C) dissatisfied with the appearance of my mouth.
I am

3. I A) will do anything to keep my natural teeth.
B) want to keep my teeth, but have a certain budget of time and
Money I am willing to spend on them.
C) don't care whether I keep my teeth or not.

4. I A) have set goals for my oral health with a previous dentist.
B) want to set goals concerning my dental health.
C) never set goals concerning my dental health.

5. I A) have always done the best that was recommended for my
dental health.
B) have not done what dentists have recommended for my
mouth.
C) rarely go, and don't care much about having my dental work
completed.

6. I have A) put dentistry for myself and my family high on my priority list.
B) put dentistry for myself and my family low on my priority list.
C) it's on my list, but hard to find.

7. I think my present state of dental health is: A) excellent.
B) good.
C) poor.

8. I aspire to a mouth with: A) excellent health.
B) good health.
C) poor health.

9. What are some questions about dentistry and oral health that you have never had adequately answered?