

ACQUAINTANCE FORM
Jonathan Bechtel D.D.S.
Restoring Smiles, Preserving Faces

Date: _____

Patient Name: _____ Single _____ Married _____ Widowed _____ Divorced _____

Address: _____ City: _____

State: _____ Zip: _____ Social Security Number: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Birth date: _____

Employer: _____ Occupation: _____

Business Address: _____

Person Responsible for Account: _____

Do you have dental insurance? _____

How did you hear about Dr. Bechtel? _____

Whom may we thank for this referral? _____

These are things important to me about my dental health:

(Please Circle One)

- | | | | |
|----------------|--|---|--|
| 1. My mouth is | A.) very comfortable
B.) moderately comfortable
C.) uncomfortable | 6. I have | C.) rarely go, and don't care much about having my dental work completed.
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 |
| 2. I (I am) | 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 | 7. I think my present state of dental health is | A.) excellent
B.) good
C.) poor |
| 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 | 8. I aspire to a mouth with | A.) excellent health
B.) good health
C.) poor health |
| 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 | 9. What is/are your primary concerns? | _____

_____ |
| 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 | | |