

**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<br>B.) moderately comfortable<br>C.) uncomfortable  | 6. I have                                       | C.) rarely go, and don't care much about having my dental work completed.<br>A.) put dentistry for myself and my family high on my priority list<br>B.) put dentistry for myself and my family low on my priority list<br>C.) it's on my list but hard to find |
| 2. I (I am)    | A.) think the appearance of my mouth is excellent<br>B.) satisfied with the appearance of my mouth<br>C.) dissatisfied with the appearance of my mouth   | 7. I think my present state of dental health is | A.) excellent<br>B.) good<br>C.) poor  |
| 3. I           | A.) will do anything to keep my natural teeth<br>B.) want to keep my teeth, but have a certain budget of time and money I am willing to spend on them<br>C.) don't care whether I keep my teeth or not | 8. I aspire to a mouth with                     | A.) excellent health<br>B.) good health<br>C.) poor health   |
| 4. I           | A.) have set goals for my oral health with a previous dentist<br>B.) want to set goals concerning my dental health<br>C.) never set goals concerning my dental health                                  | 9. What is/are your primary concerns?           | _____<br>_____<br>_____<br>_____<br>_____  |
| 5. I           | A.) have always done the best that was recommended for my dental health<br>B.) have not done what dentists have recommended for my mouth   |   |  |