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ACQUAINTANCE FORM

Date: _____

Patient Name: _____

When was your last dental cleaning? _____

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

2. 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
 C) Don't care whether I keep my teeth or not

3. 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

4. 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

5. I think my present state A) Excellent
of dental health is B) Good
 C) Poor

6. I aspire to a mouth with A) Excellent health
 B) Good health
 C) Poor health

7. What is/are your primary concerns: _____
