

# ACQUAINTANCE FORM

**Glen W. Hisel, D.D.S.**

***“Working together to keep your teeth healthy for life.”***

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 the Account: \_\_\_\_\_  
Do you have dental insurance: \_\_\_\_\_? Email \_\_\_\_\_  
Subscriber SS# and DOB: \_\_\_\_\_  
How did you hear about Dr. Hisel? \_\_\_\_\_  
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  
C.) rarely go, and don't care much about having my dental work completed
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  
6.) 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  
7.) I aspire to a mouth with  
A.) excellent health  
B.) good health  
C.) poor health
4. I  
A.) have set of 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  
8.) What is/are your primary concern?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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