

# ACQUAINTANCE FORM

*Glenn R Saraydar DDS*  
*Healthy Beautiful Smiles*

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Spouse \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age \_\_\_\_\_ Marital Status: S \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ Email \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/ or Retired from: \_\_\_\_\_

Business Address: \_\_\_\_\_

Person Responsible for Account: \_\_\_\_\_ Relation \_\_\_\_\_

Do you have Dental Insurance? \_\_\_\_\_ Ins Company \_\_\_\_\_ Phone \_\_\_\_\_

Whom may we thank for referring you to Dr. Saraydar? \_\_\_\_\_

Closest Relative \_\_\_\_\_ Ph \_\_\_\_\_ Best way to contact you? \_\_\_\_\_

How can we make your appointments more comfortable? \_\_\_\_\_

Preferred Radio Station(s) or type of music? 89.7 92.5 98.7 99.5 100.7 101.5 103.5 104.7 Other \_\_\_\_\_

(Please Circle One)

- |                |  |   |   |
|----------------|--|---|---|
| 1. My mouth is | A.) very comfortable<br>B.) moderately comfortable<br>C.) uncomfortable  | 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   |
| 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   | 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<br>C.) rarely go, and don't care much about having my dental work completed. |
| 3. I           | A.) will do anything I can to keep my natural teeth<br>B.) want to keep my teeth, but will only budget a certain amount of time and money to spend on them regardless of the need<br>C.) don't care whether I keep my teeth or not |   |   |
|                |  | 6. I think my present state of dental health is | A.) excellent<br>B.) good<br>C.) poor   |
|                |  | 7. I aspire to a mouth with                     | A.) excellent health<br>B.) good health<br>C.) poor health  |

Who was your former Dentist? \_\_\_\_\_

Why did you change Dentists? \_\_\_\_\_

How long since your last dental appt? \_\_\_\_\_

What is/are your primary concerns?  
\_\_\_\_\_  
\_\_\_\_\_