

ACQUAINTANCE FORM (Please PRINT)

9/10

Patient's Name _____			Single ()	Divorced ()	Separated ()
<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>	Married ()	Widowed ()	Child ()
Birthdate _____		Social Security # _____	Driver's Lic. # _____		
Address _____			City _____	Zip _____	
Telephone Numbers: HOME _____		WORK _____	CELLULAR _____		
Spouse's CELLULAR _____		e-MAIL _____			
Employer's Name _____			Occupation _____		
Employer's Address _____			How long employed there? _____		
Have you ever declared bankruptcy? Yes (), No () If yes, approx. year _____			I authorize a credit check Y (), N ()		

Person Responsible for Account _____		
<small>- IF DIFFERENT from ABOVE PATIENT -</small>		
<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>
Birthdate _____		Social Security # _____
Address _____		Driver's Lic. # _____
City _____		Zip _____
Telephone Numbers: HOME _____		WORK _____
OTHER _____		CELLULAR _____
e-MAIL _____		
Employer's Name _____		Occupation _____
Employer's Address _____		How long employed there? _____

<small>- REQUIRED -</small>		
Person to be Contacted (Living With You) -In Case of Emergency _____		
Additional person, <u>NOT</u> living with you: _____		Address _____
Relationship _____		Phone: HOME = _____
		WORK = _____

For PATIENTS With DENTAL INSURANCE	
Dental Insurance Carrier #1 _____	Ins. #2 _____
Dental Insurance Address _____	_____
Name of person Insured _____	_____
Insured Persons S.S.# _____	_____
Group / Policy / Union # _____	_____

➔ Whom may we *Thank* for referring you to our office? _____ ←

DENTAL HISTORY

- 1.) How long since your last dental visit? _____ What was done? _____
- 2.) Previous Dentist(s) _____ Have you had any unusual or unpleasant experiences in the dental office? _____
- 3.) Have you ever had to file a complaint or taken legal action against a Dentist before? Explain _____
- 4.) What are you interested in improving? (Relieve pain , Whiter or improved smile , Healthier gums , etc.) _____
I am also interested in: Low-cost dentistry (I'm on a budget), ...or, the BEST dentistry can offer (= cost is important, but not critical)

Signature _____ Date _____ Relationship to patient _____