RENKEN DENTISTRY
smile from within

ACQUAINTANCE FORM

(Please Circle One)

1. My mouth is
   A.) very comfortable
   B.) moderately comfortable
   C.) uncomfortable

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

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

4. I
   A.) have set 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

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 dental health
   C.) rarely go, and don't care much about having my dental work completed.

6. 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

7. I think my present state of dental health is
   A.) excellent
   B.) good
   C.) poor

8. I aspire to a mouth with
   A.) excellent health
   B.) good health
   C.) poor health

9. What is/are your primary concerns?

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