

**Dental Offices, LLP**  
**PATIENT ACQUAINTANCE QUESTIONNAIRE**

APPOINTMENT DATE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

TYPE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DR/HYG \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ S.S.# \_\_\_\_\_

SINGLE  MARRIED  OTHER

IF A CHILD, PARENT'S NAME \_\_\_\_\_

(PARENT MUST ACCOMPANY CHILD FOR APPT)

ANYONE IN HOUSEHOLD A PATIENT HERE? \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HOME TEL. \_\_\_\_\_ BUS. TEL. \_\_\_\_\_

PERSON RESPONSIBLE  
FOR THIS ACCOUNT \_\_\_\_\_ S.S.# \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_

DENTAL INSURANCE \_\_\_\_\_

RELATIVE OR CLOSE FRIEND  
NOT LIVING AT SAME RESIDENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

Any Recent dental xrays? \_\_\_\_\_ If available, bring to appointment

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Any significant medical problems? \_\_\_\_\_

Have you ever been told to take Antibiotics before dental appointments? \_\_\_\_\_

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Complete reverse side of this sheet for Emergency triage patients

**Our office policy is "payment is due at the time services are rendered".**