



Westlake Hills Dental Arts

Getting Acquainted Questionnaire

Welcome!

Please fill out these forms Prior to your appointment and bring them with you.

Today's Date _____

Patient's Name _____ Name I like to be called _____ Male__ Female__

Age__ Birthdate _____ Marital Status _____

Home address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail _____ How would you like to be contacted? _____

If student, name of school _____ How did you hear about our office? _____

Patient's Hobbies/Interests:

Patient's Children- names and Ages

Person Responsible for Account

Name _____ Social Security # _____ Birthdate _____

Employer _____ Occupation/Position _____ Cell Phone _____

Name of Spouse _____ Employer _____ Occupation _____ Cell Phone _____

Do you have dental insurance that may cover part of our Professional Services? Yes _____ No _____

If yes, please bring your Dental Insurance card or insurance information with you to your appointment.

Whom may we contact in case of an emergency? _____ Phone _____