



# The Southeast Texas Center for Dental Medicine

Andy Duke, D.D.S., M.D. = Galin Latham, D.D.S.

3333 North Street #B = Beaumont, TX 77706 = (409) 838-3800

## Acquaintance Form

Date \_\_\_\_\_ Patient Name \_\_\_\_\_  
(First) (Middle) (Last)

### These are the things that are important to me about my Dental Health:

(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) for the most part, I have done what dentists have recommended for my mouth.  
C) have not done what dentists have recommended for my mouth.
- 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.  
C) poor.
- 9) What are some questions about dentistry and oral health that you have never had adequately answered for you; such as, orthodontics, cosmetic dentistry and/or systemic link, etc..?  
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