

Let's Get Acquainted

Today's date _____

Name: _____ Nickname: _____

Birthdate: _____ Age: _____

Interests: _____

Favorite Sports: _____

If musical instrument played, what kind? _____

School _____

Do you have any brothers / sisters? yes no

Their names and ages: _____

How many times do you brush daily? _____ Do you Floss? yes no

How do you feel about the possibility that you may need to wear braces?

