







About you.....

Name: _____



We like to get to know the patients at our practice. To help us, we would appreciate it if you would fill in this page and bring it with you to your first appointment.

Answer only those questions that are relevant and that you want to. We look forward to enjoying your company in the near future.

1.	Do you have a nickname, if so what is it?		
2.	What is your favourite movie or TV show?		
3.	What are your hobbies, sports, musical instruments?		
4.	Do you have any pets?		
5.	Do any of your friends come here to see Dr Lipshatz?		
6.	What teams do you barrack for?		
7.	What do you think wearing braces would be like?		
8.	Tell us something special about yourself?		
9.	Do you have a question for us?		

Thank you! Jeff Lipshatz and Team

[Click here to submit form](#)