

# Request for Appointment at JCCC Dental Hygiene Clinic - FALL

New Patient

PM Patient

**Patient Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Adult/Child (age): \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Do you accept text messages? Yes No Do you accept email? If yes, \_\_\_\_\_  
email address

Date of last professional cleaning: \_\_\_\_\_

Have you ever had a deep cleaning (scaling & root planing) or gum treatment? Yes No

Date of last X-rays: \_\_\_\_\_ How many? \_\_\_\_\_

Do you smoke or use tobacco? Yes No

Do your gums bleed when you brush? Yes No

Do you floss regularly? Yes No

JCCC Dental Hygiene Appointments last 3.5 hours, and it could take multiple appointments depending on your oral health and the skill level of the student.

What is your availability? Check days: Monday Wednesday

Check times: Morning 8:00-11:30 am Afternoon 1:00-4:30 pm

Would you be available for a last-minute cancellation? Yes No

Comments:

For Office Use Only			
Give this form back to the Office Assistant if any of the following can be checked: Phone # no longer works, Patient no longer wants appointment, Patient has been contacted multiple times with no response			
Date	Student	Notes	
			PEDO ADOLES GERI
			>2 years >5 years
			Possible CMRS PANO
			_____