

Telephone Call Slip

Date _____ Appt. Date _____ Info Taken By _____

Patient's Reason for Calling _____

Patient Name _____ Adult [] Child [] Age _____

Contact Number _____

How did you hear about us? _____

If Emergency: Toothache [] Where _____ Pain Level 1-10? _____
How long has it been painful? _____ Swelling? [] Cold? [] Hot? []
Sweet? [] Pain with Pressure? []

If not what kind of visit? NP 0150 [] Consult [] Financial [] Limited []

How often do you brush? _____ Floss? _____ Bleeding when you brush? _____

Have you ever been formally diagnosed with periodontal disease? _____

Any missing teeth _____ Broken teeth _____

Who else needs to be involved in major decisions regarding your health? _____

Who is Responsible party: _____

Employer: _____

Dental insurance? _____ Please bring forms!

Social Security #: _____ Explain financial policy []

Patient address: _____
Street City State Zip

Home Phone: _____ Daytime phone _____

Other remarks _____

Patient Demeanor: Pleasant [] Neutral [] Frightened [] Upset []

