

Dr Name

Practice Name

Student Name

Number of Attendee's by Role in Practice

Doctor #_____

Assistant #_____

Admin #_____

Treatment Co-Ordinator #_____

Hygienist #_____

Email address

Office Phone

Cell Phone

Text Y or N

Intake Survey

Please check every answer that applies to you. Your answers are confidential and only group totals will be shared.

Why did you decide to take the course?

My boss required it

I have loved ones affected by Periodontal Disease

I was curious

I am looking for a way to help more people

Something else:

What are you most excited about learning?

How to reduce systemic diseases

How to put periodontal disease in remission

How to improve bonuses

How to work as a team

Something else:

What are your biggest current challenges about integrating oral systemic health?

No time

Patients won't pay for it

I don't know how to answer patient questions

I don't think it's my job

Something else:

What do you think the most challenging part of this course will be?

Not understanding the teaching

Not having time to do "homework"

Not knowing how to implement

No support from team or doctor

Something else:

What is the single thing that would make the biggest difference for you?

Team support

Doctor support

Patient success

Increased Bonus

Something else:

Have you taken courses about integrating oral systemic health before?

Yes and I learned a lot

Yes but little changed in the office

No and I am excited to learn

No and I don't know how this applies to my job

Something else?

Thank You for your input. It will help focus training on your practice needs.

Please email this completed form to leonameditz@gmail.com