



inspired*hygiene*

NEW CLIENT ASSESSMENT. *Please rest assured this information will remain completely confidential*

Date: _____

Your Name: _____

Doctor's Name: _____

Practice Name: _____

Mailing Address: _____

City, State, and Postal Code: _____

Telephone: _____ Email: _____

Website: _____

Please complete and email back to Clients@InspiredHygiene.com

How were you introduced to Rachel Wall and/or Inspired Hygiene?

Please tell me the nature of your practice. (family practice, specialist, group practice, etc)

What are your Top 2 challenges with your hygiene department right now?

To date, what methods have you used to overcome these challenges?



List each hygienist you employ & number of days worked weekly:

Please provide the total number of the following codes that were performed in the last 12 months (this may come from a Production-by-Procedure report from your practice mgmt software):

_____ D1110 _____ D4341 _____ D4342 _____ D4910

What is your average monthly hygiene production? _____

What would you like to accomplish with the hygiene department as a result of us working together?

If we were meeting 1 year from today, what has to have happened in your practice during that time for you to feel good about your progress?