MASCOMA COMMUNITY HEALTH CENTER

New Patient Information - DENTAL

We are committed to meeting the needs of our patients. Our entire team wants to make sure your experience at the Health Center is positive, and that you will return when you require our services, again. We strive to offer quality dentistry, while working with our patients to create affordable treatment plans.

Before Your First Visit…

There are a few steps that we ask to be completed before your first appointment. These are:

1. Complete, sign, and return a New Patient Dental Packet to us so that we can enter your information into our electronic health record.

2. The New Patient Dental Packet includes the Release of Information. These are for us to get information about any dental care that you may have had in the past, including X-rays, exams, dental surgery, etc. Please fill these forms out completely, and sign at the bottom, so that we can send them to your previous dental office and get the information BEFORE you come for your first appointment with us.

3. If there is anything in the New Patient Dental Packet that you don't understand, or have a question about, please call us or stop by. We are happy to help with these forms.

At Your First Visit…

This is what to expect at your initial visit at the dental clinic:

4. All new patients must meet with our Dentist for a "comprehensive oral exam." This means that he will look closely at your mouth and teeth to determine how healthy these are, and check out any issues or problems that you may be having.

5. Our Dentist and assistant will also ask questions of you to determine what your past dental care may have been, and verify any records that we have gotten from your prior dentist(s).

6. If you have not had dental X-rays in a while, or, if we were unable to get recent ones from your prior dentist, we will need to take X-rays here, so that we have current films of the state of your mouth/teeth. These are very important in helping the dentist and staff develop a diagnosis and treatment plan for you.
   A TIP ABOUT X-RAYS: In order to get clear X-rays, we ask that you do not wear any jewelry, including necklaces, earrings, nose rings, etc. to your appointment.

PAYING FOR YOUR VISIT…

And some information about billing:

7. We accept cash, credit cards, or insurance plan payment. Please bring any insurance information and insurance cards with the subscriber identification. We accept many insurance plans. It is our policy to bill the insurance companies on your behalf however, any unpaid balances are the patient's responsibility. Please also see payment policy that is attached to your New Dental Patient Packet.

8. If you need financial assistance, please ask our front office staff about our discount, payment plans, or eligibility for the Sliding Fee Scale program.

MASCOMA COMMUNITY HEALTHCARE, INC.
PO BOX 550 ~ 18 ROBERTS ROAD
CANAAN, NH 03781 ~ 603-523-4343

Dental History Form

Patient Name:___________________________ Date of Birth:________ Today's Date:________
Occupation _____________________________ Phone number: ___________________________

When was your last dental visit? _______________ Reason? ______________________
Name of your last dentist? _________________ When were your last X-Rays taken? ________
Have you had any periodontal (gum) treatment? [ ] yes [ ] no
Do you wear any removable dental appliances (complete denture, partial denture)? [ ] yes [ ] no
How often do you brush your teeth? __________________ Floss?___________________

Do you or have you ever had the following

[ ] Bleeding or sore gums
[ ] Unpleasant taste or bad breath
[ ] Burning of tongue or lips
[ ] Frequent blisters on lips or in mouth
[ ] Swelling or lumps in mouth
[ ] Clicking or popping of jaw
[ ] Clenching or grinding
[ ] Sensitivity to hot
[ ] Sensitivity to cold
[ ] Sensitivity to sweet
[ ] Sensitivity to biting
[ ] History of locked jaw
[ ] Shifting of teeth
[ ] Change in bite
[ ] Dry mouth
[ ] Headaches
[ ] Loose teeth
[ ] Food impaction

Do you like your teeth or smile [ ] yes [ ] no
Are you currently experiences a dental problem [ ] yes [ ] no

____

Goals for dental treatment

____

____

Have you had a serious/difficult problem associated with any previous dental treatment?

____

Have you ever taken Bisphosphonate drugs or drugs for bone density or osteoporosis? [ ] yes [ ] no
Have you ever been told to premedicate with antibiotics before dental procedures? [ ] yes [ ] no
Have you ever had head and neck radiation or chemotherapy? [ ] yes [ ] no
Are you currently taking any blood thinners? [ ] yes [ ] no
Are you currently taking any corticosteroid medications? [ ] yes [ ] no

Current or former tobacco use [ ] yes (list frequency/# years) ___________________ [ ] no
Current or former marijuana use [ ] yes (list frequency/# years) ___________________ [ ] no
Current or former drug abuse [ ] yes (list frequency/# years) ___________________ [ ] no
Drinks of alcohol per week [ ] yes (list frequency/# years) ___________________ [ ] no

MASCOMA COMMUNITY HEALTHCARE, INC.
PO BOX 550 ~ 18 ROBERTS ROAD
CANAAN, NH 03781 ~ 603-523-4343

Past Medical History: (Please check all that apply)

[ ] High blood pressure	[ ] Asthma	[ ] Colitis	[ ] HIV
[ ] High cholesterol	[ ] Emphysema	[ ] Hepatitis	[ ] Herpes
[ ] Pacemaker	[ ] Tuberculosis	[ ] Blood clots	[ ] Depression
[ ] Congestive heart failure	[ ] Diabetes	[ ] Anemia	[ ] Anxiety
[ ] Heart attack	[ ] Arthritis	[ ] Blood transfusion	[ ] Cancer
[ ] Coronary artery disease	[ ] Thyroid disorder	[ ] Bleeding disorders	[ ] Glaucoma
[ ] Stroke	[ ] Seizure disorder	[ ] Kidney disorder	[ ] Mental disability
[ ] Dementia/Alzheimers	[ ] Joint replacement	[ ] Radiation therapy	[ ] Physical disability
[ ] Acid reflux	[ ] Osteoporosis	[ ] Chemotherapy	[ ] Eating disorder

Past surgical history: (Please listy type of surgery and approximate date of surgery)

____

____

____

Other personal medical problems or hospitalizations

____

____

____

Medications: (List all prescribed medications, over the counter medications, vitamins, supplements, and herbs)

Medication name	Strength	Frequency

Allergies: [ ] yes (please list below) [ ] No known allergies

Allergy	Type of reaction