



**MID-STATE
HEALTH CENTER**

Family, Internal and Pediatric Medicine • Behavioral Health • Dental

midstatehealth.org

Where your care comes together.

Dental History Form

Name _____

Date of Birth _____

What are your current dental concerns?

Have you seen a dentist in the last 12 months? _____

Do you have any of the following conditions?	Yes	No	Explain
Dental Pain			
Bleeding Gums			
Tooth sensitivity			
Dry mouth			
Unpleasant taste or mouth odor			
Headache or neck pain			
Head, neck, mouth swelling			
Numbness, tingling, burning			
Do you grind or clench your teeth?			
Have you ever used tobacco products?			
Have you ever taken bisphosphonate medications?			
Have you ever had chemotherapy/radiation?			
Are you currently pregnant or breastfeeding?			
Have you ever been given a premedication for a dental appointment?			

Please be advised that the weight capacity for the dental chairs is 300lbs. If your weight exceeds that limit please inform a member of the staff so that alternative arrangements can be discussed.

How did you hear about the MSHC dental clinic?

Friend/Relative Website Direct Mail Newspaper Facebook Online Search

Plymouth Office: 101 Boulder Point Drive • PH (603) 536-4000 • FAX (603) 536-4001

Bristol Office: 100 Robie Road • PH (603) 744-6200 • FAX (603) 744-9024

Mailing Address: 101 Boulder Point Drive • Suite 1 • Plymouth, NH 03264