COMMUNITY ACTION TRI-COUNTY CAP
Serving Coös, Carroll & Grafton County since 1965

TamworthDental
A TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
448 B White Mountain Hwy, Tamworth, NH 03886 603-323-7645 (323-SMILE)

Tamworth Dental Center New Patient Form

(please print)

Patient Information

Name_____ Birthdate_____ Sex ____M or ____ F
Address_____ City_____ State_____ Zip_____
Home Phone_____ Work Phone_____ Cell Phone_____
Employer or School_____ Marital status ___single___ married
Emergency contact_____ Phone_____ Email_____
How were you referred to our Practice _____
Who is responsible for your payment if different from above? _____
Address_____City_____State_____Zip_____
Phone_____ Cell Phone_____ Email _____ Birthdate_____
May we confirm your dental appointments via text or email messages? _____

Dental Insurance

Insurance Company_____ Phone Number_____
Subscribers Name_____ Subscribers SSN_____
Group Number_____ Employer_____ ID #_____

Second Insurance

Insurance Company_____ Phone Number_____
Subscribers Name_____ Subscribers SSN_____
Group Number_____ Employer_____ ID #_____

Dental History

Reason for today's visit? _____
Date of last dental visit? _____Date and type of last dental x-rays _____
Former Dentist Name_____ Phone _____
How often do you Brush? _____ How often do you floss _____
Check if you have any of the following problems:

____ Bleeding gums ____ Bad breath ____ Clicking or popping jaw ____ Sores or growths in your mouth
____ Grinding teeth ____ Tooth Sensitivity to hot, cold or sweets ____ Sensitivity when biting
____ Periodontal treatment ____ Loose teeth, broken fillings or food collection between teeth

Medical History

Your Physician _____ Date of last visit _____
Have you ever had serious illness or operations? _____
Have you ever had a blood transfusion? _____ If yes please describe

Women: are you pregnant? _____ Are you nursing? _____
Are you taking birth control? _____