ABOUT YOUR CHILD

_____
CHILD'S NAME

_____
NAME CHILD PREFERS TO BE CALLED

_____ ☐M ☐F _____
AGE DATE OF BIRTH

_____
ADDRESS APT.

_____
CITY STATE ZIP

_____
HOME PHONE PATIENT'S SCHOOL

_____
WHAT IS THE PRIMARY CONCERN FOR TODAY'S VISIT?

DENTAL HISTORY

YES NO

☐ ☐ Is this your child's first visit to the dentist? If no, when was the latest visit and what was done for your child?
_____

☐ ☐ Do you expect your child to be a cooperative patient? If, no please explain. _____
_____

☐ ☐ Do you have well water at home?

☐ ☐ Does your child take fluoride tablets or vitamins with fluoride?

☐ ☐ Has your child bumped any teeth? If yes, when?
_____

☐ ☐ Has your child had a history of headaches, pain, popping or clicking of the jaws?

☐ ☐ Does your child still have a night time bottle?

☐ ☐ Does your child have or has he or she had any of the following problems or habits?

☐ Thumb Sucking How Long? ____ Still Active? Yes☐ No☐
☐ Finger Habit How Long? ____ Still Active? Yes☐ No☐
☐ Pacifier How Long? ____ Still Active? Yes☐ No☐

MEDICAL HISTORY

- Is your child presently under the care of your family physician for any medical reason? Yes☐ No☐ If yes, what? _____

_____
FAMILY PHYSICIAN'S NAME _____

_____
ADDRESS PHONE NUMBER

- Is your child in good health? If no, describe? Yes☐ No☐

_____
- Is your child under the care of a physician for other than routine care? If yes, explain. Yes☐ No☐

_____
- Does your child have any drug allergies? Yes☐ No☐
  If yes, explain. _____
- Is your child taking any medications at this time? Yes☐ No☐
  If yes, list. _____
- Has your child ever been hospitalized or treated in an emergency room for any particular trauma? When and for what reason? Yes☐ No☐
  _____
- Does your child have, or has he or she had, any emotional, mental or nervous disorders? Yes☐ No☐
  If yes, please explain. _____
  _____

Have your child's tonsils and/or adenoids been removed? Yes☐ No☐

- Does your child breathe through the mouth? Yes☐ No☐
  If yes,☐Seldom☐Often

PLEASE INDICATE IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING:

☐ Allergy to Penicillin	☐ Allergy to Latex
☐ Other drug allergy	☐ Tuberculosis
☐ Radiation treatment	☐ Endocrine disorder
☐ Anemia	☐ Physical handicap
☐ Rheumatic fever	☐ Cleft palate
☐ Bone disorder	☐ Asthma
☐ Mental handicap	☐ Liver problems or hepatitis
☐ Positive for H.I.V.	☐ Malignancies or leukemia
☐ Diabetes	☐ Speech problem
☐ Epilepsy, seizures	☐ Hyperactivity
☐ Bleeding disorder	☐ Attention Deficit Disorder

☐ Heart Ailment or Murmur. Type, if known _____
Is child under the care of a cardiologist or special physician for the problem? If so, whom _____
Phone _____

Please comment on any problems that were checked in the above areas
_____
_____

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PREVENTIVE DENTAL HISTORY

How often does your child brush? _____

Is tooth brushing supervised? Yes ☐ No ☑

By whom? _____

Is dental floss used? Yes ☐ No ☑

Does your child receive:

- ☐ Fluoride in vitamins
- ☐ Fluoride tablets/drops
- ☐ Fluoridated water
- ☐ Bottled water
- ☐ Well water

PARENT'S INFORMATION

_____

FATHER'S FULL NAME

_____

ADDRESS

_____

CITY STATE ZIP

_____

SS# BIRTH DATE

_____

HOME PHONE # BUSINESS PHONE #

_____

EMPLOYER

_____

OCCUPATION

DENTAL INSURANCE? **Yes** ☐ **No** ☐

_____

INSURANCE COMPANY GROUP OR PLAN NUMBER

_____

INSURANCE COMPANY PHONE

_____

MOTHER'S FULL NAME

_____

ADDRESS

_____

CITY STATE ZIP

_____

SS# BIRTH DATE

_____

HOME PHONE # BUSINESS PHONE #

_____

EMPLOYER

_____

OCCUPATION

DENTAL INSURANCE? **Yes** ☐ **No** ☐

_____

INSURANCE COMPANY GROUP OR PLAN NUMBER

_____

INSURANCE COMPANY PHONE

NEAREST RELATIVE / FRIEND

_____

NAME

_____

ADDRESS

_____

CITY STATE ZIP

_____

PHONE

_____

RELATIONSHIP

IN CASE YOU ARE NOT AT HOME, WHAT IS YOUR NEIGHBOR'S

_____

NAME PHONE

FINANCIAL INFORMATION

In an effort to make your care more affordable, we request payment of fees as services are rendered. This helps reduce our overhead without diminishing the quality of our service. Please ask us about our payment options. We gladly accept VISA, MasterCard, Debit cards and cash. Your dental insurance will reimburse YOU. Generally, the amount of benefit you receive depends on the plan chosen by your employer.

You should be aware that dental insurance is an agreement between you and the insurance company. We will never allow the limitations of your benefits to compromise the quality of your care.

How would you like to pay for today's visit?

- ☐ MasterCard / Visa
- ☐ Debit card
- ☐ Cash

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Behavior Management Informed Consent

_____

CHILD'S FULL NAME

_____

DATE OF BIRTH

As a concerned dentist, I would like to discuss with you the methods of managing your child's behavior during treatment. While children are usually cooperative and brave, sometimes they become frightened by the equipment and the unknown experience. This is especially true for children younger than three years, but it also holds true for some older children as well.

Because our relationship usually begins with a cleaning appointment, we encourage parents to be present during the cleaning. However during operative procedures, we have found that children are more cooperative if their parents are not present. For this reason, parents are allowed to be present only during cleaning (i.e. non-operative) appointments.

In order to treat your child safely, we may have to use these aids:

Mouth Rester – helps hold the child's mouth open for the dentist to have better access, prevents the child from biting down on a working drill. If a child falls asleep during the procedure, the Mouth Rester will enable the dentist to continue to work without waking the child up.

PedoBurrito™ - secures and protects the child's body. A strong Velcro wrap and cushion helps position the child on the dental chair. The child's arms, legs, and bottom are secured so that he/she cannot be injured by grabbing or kicking the equipment the assistant, the parents, or the doctor.

Holding Assistant – also helps secure the child to protect and position him/her on the dental chair. In addition, the holding assistant can comfort, massage, and soothe the child.

Nitrous Oxide – (laughing gas) provides a limited amount of stress relief, dulling of the senses, and pain management (analgesia). Nitrous oxide clears the body rapidly with little, if any, side effects. It does not cause a child to go to sleep at the dosage we use. Nitrous oxide must be breathed, so it is less effective on a crying or mouth breathing child.

Note: Before giving us permission to use these aids, please read the column at right to learn about other options for child behavior management. Also, if you have any questions, Please Ask.

☐ Yes, I give permission for my child to be treated at Atlantis / Carousel Dentistry. If necessary, you may use the Aids listed above to help manage my child's behavior.

☐ No, I will not allow my child to be treated at Atlantis / Carousel Dentistry and will take him/her to another clinic for the treatment. If I fail to do so, I know that my child's dental cavities may get worse and possible become life threatening.

_____

PARENT OR GUARDIAN DATE

_____

DOCTOR DATE

Behavior Management Alternatives

At Atlantis / Carousel Dentistry we take a non-drug approach to child behavior management, employing protective restraints when necessary. However, other clinics offer alternatives. Here is an overview of your options.

(1.) Do Nothing At This Time

-PRO-

We may be able to bring the child back at a later date when the child is more cooperative.

We don't have to deal with the problem now.

-CONTRA-

The cavities will grow larger and eventually cause tooth pain.

At that time, a more involved procedure will be more traumatic for the child.

The cost of the procedure will be greater when the decay is more advanced.

(2.) General Anesthesia

-PRO-

The child cannot resist the treatment and the dentist can focus attention of the procedure without being distracted by behavioral problems.

-CONTRA-

The child may need to remain in the hospital for observation overnight.

There are some minor risks associated with drugs in terms of reaction and side effects - nausea, vomiting, and allergic reactions.

Serious risks are involved with total loss of consciousness, including brain damage, stroke or heart attack, paralysis, or even death. Note that these occurrences occur very rarely.

A substantial cost of up to $1500-$2000 is added to the procedure to cover the use of the hospital.

(3.) Sedative Drugs

-PRO-

The child is calmer and more manageable.

Treatment is easier for the dentist during this procedure.

Because their child is not in discomfort and crying, parents are not alarmed.

-CONTRA-

There are some minor risks associated with drugs in terms of reaction and side effects - nausea, vomiting, and allergic reactions.

Sedative drugs do not always calm a truly out of control child and could make him/her more agitated.

There is an additional cost to the procedure.

(4.) Non-Drug Approach with protective Restraints

-PRO-

There are no side effects or risks reported in the literature.

The child is returned to the parent fully conscious.

The protective wrap to secure the child is needed only during the injection.

-CONTRA-

The child may be fearful, un-comfortable and crying loudly.

Parents may misunderstand the noise and commotion.

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Diagnostics X-Rays

Between the ages of two (when baby molars come in) and twelve (when most permanent teeth are in the mouth), children are most susceptible to decay.

Diagnostic X-rays or radiographs allow us to look between teeth in contact to detect small cavities. If found early enough some cavities can actually be reversed!!

Baby teeth have thin enamel and cavities in baby teeth can spread quickly. Factors such as snacking and brushing habits can change continually for children. Without X-rays we can only examine 60% of a tooth's surface. It is for these reasons that we generally recommend Diagnostic X-Rays be taken of the back teeth and the front teeth every 12 months. Of course, Dr Greg and Dr. Rachel reserve the privilege to recommend other time frames based on the needs of your child.

We want you to be comfortable with our recommendation for these X-rays. Our X-ray equipment is certified for precise dosage and minimal exposure time. In fact, our digital X-ray equipment uses 90 % less radiation than traditional X-ray equipment. Children wear a protective lead apron while the X-rays are being taken. In reality, taking periodic X-rays amounts to about the same amount of radiation exposure as one day in the sun. We feel the benefits of early cavity detection are in the best interest of your child. If, however, you would prefer to avoid taking Diagnostic X-Rays, we can discuss your wishes and comply with them to a degree. We must insist on taking X-rays at least every 18 months, or we cannot see your child in our office.

I, the undersigned, have read and understand the above information. I hereby agree and:

- ☐ Give consent for Diagnostic X-Rays, as recommended
- ☐ Give consent for Diagnostic X-Rays, once per year
- ☐ Give consent for Diagnostic X-Rays, _____
- ☐ Release the doctor or any member of the dental team from any responsibility resulting from refusal of Diagnostic X-Rays as recommended.

_____

Patient's name **Signature of Guardian** **Date**

I give my consent to needed dental services, local anesthetic, nitrous oxide analgesia (laughing gas) and use of proper and acceptable methods to complete same.

_____

SIGNED (parent or legal guardian) **DATE**

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