



Registration & Health History Form

Today's Date: _____

Welcome to our office! Here at General Dentistry 4 Kids, we provide individualized care for infants, toddlers, children, and teens! Our focus is on prevention and early management of dental disease. We are honored that you have entrusted your child's care to us. We look forward to creating and providing a comfortable experience for children and their families. Should you have any special requests, please inform a member of our staff and we will do our best to accommodate you.

How did you hear about us? Google Facebook Insurance Search Word of mouth
 Other _____

Tell us about your child:

Name: _____
 Goes by: _____
 Birth date: ____/____/____ Age: _____
 School: _____ Grade: _____
 Home address: _____

 City: _____ State: ____ Zip: _____
 Home Phone: (____) _____

Parent one Mom Dad Guardian

Name: _____
 DOB: ____/____/____
 Best way to contact: (____) _____ H W C
 Email: _____
 SS#: _____

Who is accompanying your child today?

Name: _____
 Relationship: _____

Do you have legal custody of your child? Yes No
 Is there anyone you would like to designate to bring your child for dental appointments other than mom/dad? If yes, please list:
 Name & relationship: _____
 Name & relationship: _____

Parent two Mom Dad Guardian

Name: _____
 DOB: ____/____/____
 Best way to contact: (____) _____ H W C
 Email: _____
 SS#: _____

Dental Insurance: Primary

Insurance company name: _____
 Policy Owner's name: _____
 Policy Owner's birth date: _____
 SS# _____
 Member Number: _____
 Group Number: _____
 Relationship to patient: _____

Dental Insurance: Secondary

Insurance company name: _____
 Policy Owner's name: _____
 Policy Owner's birth date: _____
 SS# _____
 Member Number: _____
 Group Number: _____
 Relationship to patient: _____

Dental History:

Is this your child's first visit to a dentist? Yes No

If no, how long since last visit? _____

Previous dentist's name: _____

Any X-rays taken at a previous dental visit?
 Yes No

Any injuries to the teeth, face, or mouth?
 Yes No If yes, please explain:

Why did you bring your child to the dentist today? _____

Do you have any dental concerns or questions?

Have previous dental visits been positive or negative? Please explain: _____

Do any of the following apply to your child?

Frequent snacking Y N

Sleeping with a bottle Y N

Tooth grinding Y N

Sippy cup use Y N

Breast Feeding Y N

Thumb sucking Y N

Pacifier use Y N

Do you use fluoridated water? Y N

Do you use fluoridated toothpaste? Y N

Dental Care: at home

Brush his/her own teeth? Y N

Difficulty with brushing? Y N

Does your child floss daily? Y N

Is your child able to spit? Y N

Does your child use xylitol(dry mouth) products? Y N

Medical History:

Has your child ever had any of the following?

Abnormal bleeding Y N

Blood disorders Y N

Sickle cell disease Y N

Operations Y N

Hospital stay Y N

Cancer Y N

Hepatitis Y N

Epilepsy Y N

Pregnant Y N

Latex allergy Y N

Allergies to drugs Y N

Food allergies Y N

Heart disease/Murmur Y N

HIV+/AIDS Y N

Rheumatic/Scarlet Fever Y N

Asthma Y N

Congenital birth defects Y N

Autism Y N

Kidney of liver conditions Y N

ADD/ADHD Y N

Disabilities/Special needs Y N

Diabetes Y N

Tuberculosis Y N

If you marked any of the above as **yes**, please give details: _____

Please list any medications being taken by your child:

Please list any other medical conditions:

Medical Provider:

Primary care facility: _____

Physician's Name: _____

Phone number: (____) _____

Emergency contact

Name: _____

Relationship to patient: _____

Phone: _____

Acknowledgement & Authority

Since the child is minor, it is necessary for us to obtain signed permission from a parent or guardian before any dental services can be rendered. The information I have given is correct to the best of my knowledge. I understand that it will help in the strictest of confidence. I understand that it is my responsibility to inform this office of any changes in my child's medical status. **I ALSO ACKNOWLEDGE FULL RESPONSIBILITY FOR PAYMENT FOR DENTAL COPAYMENTS AND AGREE TO PAY FOR THEM, IN FULL, AT THE TIME OF SERVICE.**

Signature of parent or guardian

Date

Relationship to child



HIPAA, (Health Insurance Portability and Accountability Act), requires that we provide a detailed notice in writing of our privacy practices. It is the legal duty of General Dentistry 4 Kids to protect our patients health information from unauthorized use or disclosure while providing health care, obtaining payment for the health care and for other services relating to our patients health care.

The purpose of this **Notice of Privacy Practices** is to inform you about how your child's health information may be used by General Dentistry 4 Kids, as well as reasons why your child's health information could be sent to other providers outside of our practice.

The **Notice of Privacy Practices** describes your rights in regards to protection of your child's health information and how you may exercise those rights. It also gives you the names of contacts should you have questions or comments about the policies and procedures.

There is a copy of the General Dentistry 4 Kids **Notice of Privacy Practices** available in the lobby for the patient or the patient's representative to review. You may also request a copy from the Practice.

Patient Acknowledgement

I have received and/or had the opportunity to receive the General Dentistry 4 Kids Notice of Privacy Practices, which describes the methods for protecting my health information that is used in providing health care services to my child.

Parent/Guardian of Patient

Date

Witness

Date

Consent to Behavior Management

We do our best to provide the most caring dental care to your child in a safe environment. Our team will work with your child to gain cooperation through understanding, gentle guidance, and humor. When these fail, there are other management techniques that we can use that can help eliminate or minimize disruptive behavior. Dr. Elleni Kapoor and our staff have received training in the following techniques which are accepted by the American Academy of Pediatric Dentistry as well as the American Dental Association:

- ★ **Tell-Show-Do** - the dentist/staff member explains to the child what is to be done, shows an example on a tooth model or on the child's finger, then the procedure is done on the child's tooth
- ★ **Positive reinforcement** - rewards child when cooperative behavior is displayed, with compliments, praise, or a small prize
- ★ **Voice control** - the dentist/staff member will redirect disruptive behavior by changing tone and volume of voice
- ★ **Hand and/or head holding by a dentist or assistant** - an adult keeps the child's body immobile so that he/she is unable to grab dentist's hand or any sharp dental tools
- ★ **Stabilization Wrap** - a body wrap made of mesh fabric and velcro that is placed around the child to limit movement. This technique is never used without the consent of a parent prior to immediate use

Parent/Guardian Signature

Date

