

Email Address: _____

Welcome to Family Choice Dental, Dentistry for Children & Adults, Albuquerque, PC

Patient Information (Please Print)

First Name MI Last Name Date of Birth Age
Street Address City State Zip Code Phone Number Alt. Phone Number
Social Security # School Grade Male or Female

Patient Health History (Please Answer All Questions)

Table with 9 rows and 9 columns for patient health history, including conditions like Heart Problems, Tuberculosis, Asthma, Diabetes, etc., with Yes/No checkboxes.

Have you taken bisphosphonates? Yes No (i.e. Fosomax, Actonel, Zomets, Boniva, Aredia, Reclast or Didonel) For how long?

Any Other Diseases or Medical Problems Not Listed: Yes No

If you answered "Yes" to any of the above, please explain:

Is the patient taking any medications? Yes No

If "Yes", what type:

Please list any medications the patient is allergic to: None

Is the patient allergic to any other materials commonly used in a dental office (i.e. metals, anesthesia, etc.?)

Yes No If "yes," what:

Does the patient have any dental problems/concerns at this time? Please explain:

Parent/Guardian Information (Please Print)

Mother/Guardian Name Father/Guardian Name

For Sliding Fee Scheduling Qualification

1. Number of related persons living in your household.
2. Income Weekly Biweekly Monthly

Address City Zip Code

Home Phone # Work Phone #

Nearest Relative not Living with Patient

Relationship to Patient Phone #

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth have been answered to my satisfaction.

I have also read and understand the Pediatric Dentistry Patient Management Techniques on page 2 of this form and give my consent for their use.

Parent/Guardian/Adult Patient Signature

Date

Dentist Signature

Date

Dentistry Patient Management Techniques

It is our intent that all professional care delivered in our dental operations be of the best possible quality we can provide for each child. Providing high quality care can sometimes be very difficult, or even impossible, because of the lack of cooperation of some young patients. Among the behaviors that can interfere with the proper provision of quality dental care are: hyperactivity, resistive movements, refusing to open mouth/keep open long enough to perform the necessary dental treatment, and even aggressive and/or physical resistance to treatment, such as kicking, screaming, and grabbing at the dentist's hand or the sharp dental instruments.

All efforts will be made to obtain the cooperation of child dental patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding.

Methods Used:

1. **Tell-Show-Do:** The dentist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model or the child's or dentist's finger. Then the procedure is performed in the child's mouth as described. Praise is used to reinforce cooperative behavior.
2. **Positive Reinforcement:** This technique rewards the child who displays desirable behavior. Rewards include compliments, praise, a pat on the back, a hug, or a prize.
3. **Voice Control:** The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is less important than the abrupt or sudden nature of the command.
4. **Mouth Props:** A rubber or plastic device is placed in the child's mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth.
5. **Hand-Over-Mouth Exercise:** The disruptive, screaming child is told that a hand will be placed over the child's mouth. When the hand is in place, the dentist speaks directly into the child's ear and tells the child that if the noise stops the hand will be removed. When the noise stops the hand is removed and the child is praised for cooperating. If the noise resumes, the hand is again placed over the child's mouth and the exercise repeated.
6. **Physical Immobilization by the Dentist:** The dentist immobilizes the child from movement by holding the child's hands or upper body, stabilizing the child's head between the dentist's arm and body, or positioning the child firmly in the dental chair.
7. **Physical Immobilization by the Assistant:** The assistant immobilizes the child from movement by holding the child's hands, stabilizing the head, and/or controlling leg movements.
8. **Papoose Boards and Padi-Wraps:** These are immobilizing devices for limiting the disruptive child's movements to prevent injury and to enable the dentist to provide the necessary treatment. The child is wrapped in the device and placed in a reclined dental chair. ***IMMOBILIZATION MAY BE USED IF THE PATIENT IS UNCOOPERATIVE OR IF, IN THE DOCTOR'S OPINION, IT WILL IMPROVE SAFETY FOR THE CHILD AND STAFF.***
9. **Nitrous Oxide:** Nitrous Oxide may be provided for your child. The patient **does not** become unconscious.
10. It is our policy that **CHILDREN GO BACK ALONE** without parents for all operative dentistry performed. One parent may accompany their child (3 years or younger) for their cleaning.

If you have any questions about any of the above techniques, please ask.

Note: If you do not agree with the above methods listed, please let us know so that we may talk to you about them. But realize that it therefore may not be possible to complete any dental work for your child in a safe environment.

1. I understand that my insurance is an agreement between my insurance company and me. I also understand that I am responsible for the balance of my child's dental account regardless of my insurance.
2. I understand that I may incur an 18% finance charge if my balance goes beyond 30 days.
3. I assign dental benefit payments to be paid directly to Kid's Choice Dental from my insurance company.
4. I give permission for my child's dentist and his/her clinical team to take any necessary diagnostic films, photos, or study models to properly enable complete diagnosis and treatment.
5. I understand that a 24-hour minimum is required for cancellations. 3 Cancellations will incur a \$150 cancellation fee.

Signature

Date