



We Care Dental
 Kevin M. Donlin, D.M.D.
 wecaredental.com

(605) 256-6668
 622 N Highland Ave, Madison, SD 57042
 wecaredental@gmail.com

Patient Information

Child's Name: _____ Prefer To Be Called: _____
 Gender (M/F): _____ Birth Date: ____ / ____ / ____ Social Security #: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Cell Phone: _____ Home Phone: _____

Parent / Guardian Information

Name: _____ Relationship to Patient: _____
 Birth Date: ____ / ____ / ____ Social Security #: _____ Marital Status: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Cell Phone: _____ Home Phone: _____ Work Phone: _____
 Email Address: _____
 Employer: _____ Occupation: _____

Parent / Guardian Information

Name: _____ Relationship to Patient: _____
 Birth Date: ____ / ____ / ____ Social Security #: _____ Marital Status: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Cell Phone: _____ Home Phone: _____ Work Phone: _____
 Email Address: _____
 Employer: _____ Occupation: _____

Dental Insurance Information

Name of Policy Holder: _____ Social Security #: _____
 Insurance Company: _____ Birth Date: ____ / ____ / ____
 Policy Holder's Employer Name: _____ Phone #: _____
 ID #: _____ Group #: _____
 Address: _____

Name of Secondary Policy Holder: _____ Social Security #: _____
 Secondary Insurance Company: _____ Birth Date: ____ / ____ / ____
 Policy Holder's Employer Name: _____ Phone #: _____
 ID #: _____ Group #: _____
 Address: _____

Dental History

WHAT IS THE REASON FOR YOUR CHILD'S APPOINTMENT TODAY: _____

Y N Is your child currently in pain? Y N Is your child currently breastfeeding?

Y N Has your child had a toothache recently? Y N If so, nursing during the night?

Y N Is this your child's 1st visit to the dentist? Y N Does your child use a bottle?

If applicable, name of previous dentist: _____ Y N Does your child use a sippy cup?

Date of last exam: _____ Y N Beverages given in sippy cup:

Date of last x-rays: _____

How do you think your child will do today? _____ Y N Does your child snack frequently?

Y N Do teeth get brushed every morning? Y N Has your child ever received any

Y N Do teeth get brushed every evening? injuries to the head, jaw, mouth, or

Who brushes teeth? Child Parent Both teeth? Explain: _____

What kind of toothpaste? Y N Is there any family history (including

None Without Fluoride With Fluoride siblings) of dental issues or cavities?

How many times per week are teeth flossed? _____ Y N Ever had any orthodontic treatment?

Y N Does your child have any oral habits?

Thumb Sucking Finger Sucking Grinding Teeth Pacifier Other: _____

Y N Is there anything else about your child's teeth that you think we should know in order to better treat their dental needs? Please explain: _____

Whom May We Thank For Referring You To Our Office: _____

If Not A Referral, How Did You Hear About Our Office: _____

Please initial next to each authorization pertaining to accurate patient information, assignment of benefits, and release of information, and then sign below.

_____ I have reviewed the information in this questionnaire, and it is accurate to the best of my knowledge. I understand that this information will be used by the dentist to help determine appropriate and healthful dental treatment. If there is any change in my medical status, I will inform the dentist at my next appointment.

_____ I authorize the insurance company indicated on this form to pay to the dentist all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

_____ I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature: _____ **Date:** _____

THANK YOU FOR CHOOSING OUR OFFICE FOR YOUR CHILD'S DENTAL NEEDS!



**I THINK MY CHILD MIGHT BE NERVOUS OR SCARED ABOUT THEIR DENTAL APPOINTMENT.
 WHAT SHOULD I DO TO PREPARE THEM FOR THE APPOINTMENT?**

(Read even if your child's not nervous!)

We understand that going to the dentist can be intimidating, even scary, both for your child and for you, the parents, who may have had less-than-fun experiences going to the dentist in the past.

At We Care Dental we want to create a generation of patients who have GREAT EXPERIENCES going to the dentist, who learn ways to try to prevent cavities, and who grow up to have beautiful, healthy smiles they are proud to show off!

The best way for you to prepare your child for their first dental appointment is NOT to try to prepare them. Just as you wouldn't make a big deal about going to the grocery store or to the gas station, don't put too much emphasis on going to the dentist. Especially, do not try to prepare them by "warning" them that "it won't hurt," "it will be easy," "hopefully you won't have any cavities," or "they won't do anything." Simply share with your child that they get to go to the dentist - just as if they were going to the zoo or the library. Keep it light, upbeat and positive...even if - you may be nervous.

If your child asks for more details, you can share with your child that at the dentist they will get to brush their teeth, watch cartoons on a TV that is on the ceiling, count their teeth, and get a prize! We will help walk your child through all of the details of the appointment once they are at the office. Our goal is the same as yours, for your child to have a fun and happy experience.

PRACTICE TERMINOLOGY AND PARENT GUIDELINES

☺ **FOR HAPPY AND SUCCESSFUL APPOINTMENTS** ☺

Dear Parents/Guardians,

In order to improve the chances of your child having a positive experience in our office, we are selective in our use of words. We try to avoid words that scare the child due to previous experiences. Please support us in NOT USING negative words that are often used for dental care. These include:

DON'T USE:

needle or shot
 drill
 drill on tooth
 pull or yank tooth
 cavity, decay
 examination
 dental pick
 rubber dam
 hurt (as in "nothing will hurt")

OUR EQUIVALENT:

sleepy juice
 electric toothbrush
 clean a tooth
 wiggle a tooth out
 sugar bugs
 count teeth
 tooth counter, explorer
 raincoat

Our intention is not to "fool" your child - it is to create an experience that is positive. We desire to avoid using words that may frighten your child when less scary words can be used to describe the experience. We appreciate your cooperation in helping us build a good attitude for your child.

We are happy to offer you the choice of whether to accompany your child in the back during exam and treatment appointments, or to remain in the reception room. We realize that some children may do better having a parent present during their appointments, while some may not do as well if a parent is present. We also respect that you as a parent may just be more comfortable remaining with your child during all appointments, and we understand and support that desire.

If you choose to be present in the treatment area during appointments, we suggest the following guidelines to improve the chances of a positive outcome:

1. Allow us to prepare your child.
2. Be supportive of the practice's terminology.
3. Siblings are allowed to be present in the treatment room unless they also have a dental appointment.
4. Please be a SILENT OBSERVER - you may support your child with touches.
 - a. This allows us to maintain effective communication with your child.
 - b. Children will normally listen to their parents instead of us and may not hear our guidance.
 - c. You might unintentionally give incorrect or misleading information.
5. If it is determined that your child may be acting up as a result of you being present in the room, you may be asked to step out of the room, just into the hallway, out of sight of the child.
 - a. IF ASKED TO STEP OUT, please be ready to immediately walk away.
 - b. Many children try to control the situation.
 - c. "Acting out" is normal, but unacceptable and unsafe during dental treatment.
 - d. Having a parent step out of the room is intended to "short circuit" the control attempt.
 - e. We will continue to support your child with compassion at all times.

These are very important ways that you can actively help in the success of your child's visit. We are confident that all will go well and hope the guidelines will help prepare you with confidence for the upcoming appointment.