Medical and Dental History (Child)

Private and Confidential. Page 1 of 2.

Care For Smiles

Caring patiently and gently, always

Dr Rosemary Phillipos and her team welcome you to **Care For Smiles**. We assure you a caring and gentle environment and our complete attention to make your visit comfortable and relaxing. To assist in determining treatment needs for your child, please fill **both sides** of this form.

Child's Details

Surname ..... First name ..... Title Master Miss Mr Ms .....

Preferred name ..... Date of Birth .....

Home address .....

Postal address (if different to above) .....

Person responsible for account payments ..... Relationship .....

Address (if different to above) .....

Email ..... Mobile ..... Phone .....

Emergency contact ..... Phone ..... Relationship .....

For children 2-17 bulk billing under CDBS: Medicare No. ..... Seq .....

If you have Health Insurance with Dental Cover: Health Fund ..... Member No. ..... Seq .....
(**Care For Smiles** is a preferred provider for the HCF and CBHS Health Funds)

Is a third party or insurance company responsible for this account? Details .....

How did you hear about Care For Smiles? .....

Your preference for appointment reminders? ☐ SMS ☐ Email ☐ Phone ☐ Other .....

Are there any personal/family situations that would make keeping appointments difficult? ☐ No ☐ Yes

Dental Questionnaire

When was the child's last visit to a dentist? ..... Reason .....

Have you made this appointment for a ☐ Routine check-up ☐ Other .....

Does dental treatment make the child nervous? ☐ Yes ☐ No ☐ Extremely, Comment .....

If yes, has nitrous oxide (happy gas) been considered? ☐ Yes ☐ No, Comment .....

Does your child brush their own teeth? ☐ Yes ☐ No, Comment .....

Does an adult help with brushing? ☐ Yes ☐ No, Comment .....

Does your child use an electric/powered toothbrush? ☐ Yes ☐ No, Comment .....

Does your child use a fluoride toothpaste? ☐ Yes ☐ No, Comment .....

Does your child floss their teeth? ☐ Yes ☐ No, Comment .....

Does your child suck their thumb or use a pacifier? ☐ Yes ☐ No, Comment .....

Does your child play sport? ☐ No ☐ Yes Do they have a mouthguard? ☐ No ☐ Yes

Please circle the main items in your child's diet: Bread, Vegetables, Fruits, Dairy, Sweet treats, Sugary drinks, Water, Other, ...

Help us get to know your child. **What** is their favourite…

Pet..... Food..... Colour.....

Sport..... Animal..... Movie/TV show.....

Interests .....

Does your child have any behavioural concerns? .....

Do you consent to your child watching TV while on the Dental Chair? ☐ Yes ☐ No

Now, please fill Page 2 of this form

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Medical Questionnaire. Please answer these questions fully or discuss with the dentist.

Medical practitioner: Dr Name: ..... Practice Name .....

Is the child receiving medical treatment?	☐ No ☐ Yes, Details .....
Had any serious or long standing illness?	☐ No ☐ Yes, Details .....
Had any surgery including Heart Surgery?	☐ No ☐ Yes, Details .....
Had surgery to mouth, jaw, lips or face?	☐ No ☐ Yes, Details .....
Stopped taking any medication in the last week?	☐ No ☐ Yes, Details .....
Allergic to any medication or antibiotics?	☐ No ☐ Yes, Details .....
Allergic to LATEX?	☐ No ☐ Yes, Details .....

Is the child on any of the following medications? (Please tick those that apply)

☐ Cortisone ☐ Insulin (Diabetes) ☐ Thyroid (Thyroxin / Oroxin) ☐ Vitamins / Herbal Supplements

☐ Psychiatric (Anti-depressants / Anti-anxiety / Sleeping tablets) ☐ Other .....

Does the child have breathing problems (ie. Asthma, Mouth Breathing, Chronic Sinusitis)?

☐ No ☐ Yes, Details .....

Does the child have sensory issues (ie Visual, Autism Spectrum, Auditory Processing, Sensory Processing)?

☐ No ☐ Yes, Details.....

Is the child seeing (Please tick those that apply)

☐ Psychologist ☐ Speech Therapist ☐ Other Allied Health/Specialist .....

Details .....

Privacy Policy

Our Privacy Policy can be viewed on our website (www.careforsmiles.com.au/policies/privacy/). A copy is available at reception.

Health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either the treatment of the patient or the administration of this practice without your prior written consent. If you have any queries or concerns please do not hesitate to raise these concerns with our practice.

Please Note:

1. For a first visit with young children, the dentist will generally avoid treatment to make the dental visit a positive experience. Please don't use expressions such as "Don't be scared", "It won't hurt" or "There is nothing to worry about". Children seem to focus selectively on words such as "scared", "hurt", "pain" which creates unnecessary anxiety for the child.
2. During the appointment, the dentist will ask questions of the child. Please avoid answering on behalf of the child unless the dentist directly asks you.
3. If your child is not cooperative during the appointment, the dentist will not forcibly treat your child. In this situation, a fee of $70/30 minutes will be incurred to cover our costs. For patients being treated under CDBS, this cost is not covered by Medicare and would be an out-of-pocket expense. For patients holding Private Health Insurance with Dental Cover, this cost can be rebated against Item Code 014 (consultation).

Payment is required on the day of treatment unless otherwise arranged. Cash, Debit and Credit Cards (American Express, Mastercard, Visa) are accepted. No fee is charged for credit card use. Private health insurance claims are processed on the spot using HICAPS. Cancellation fees may apply if appointments are cancelled with less than 24 hours' notice. Holding deposits may be required for long or family appointments. In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs. By signing this form, it is implicit you have read and understood these conditions.

Parent/Guardian Signature..... **Date** .....

Office Use:
Reviewed by _____