



WELCOME



Jason Wanuck DMD, PA

Pediatric Dentistry

ABOUT YOUR CHILD

Child's Name

Nickname

Male

Female

Date of Birth

Age

SSN

Home Address

City

State

Zip

Home Phone

School

Grade

Siblings' Names

PARENT INFORMATION

Child lives with: Mother Father Both Other

Are you: Parent Legal Guardian Other

Mother's Name

Occupation

Work Phone

Father's Name

Occupation

Work Phone

Emergency Contact

Phone/Beeper

DENTAL INSURANCE INFORMATION
(PRIMARY CARRIER)

Insured's Name

SSN

Insurance Company Name

Insurance Company Address

Insurance Company Phone

Group Plan/Policy Number

DENTAL INSURANCE INFORMATION
(SECONDARY INFORMATION)

Insured's Name

SSN

Insurance Company Name

Insurance Company Address

Insurance Company Phone

Group Plan/Policy Number

CHIEF COMPLAINT

What is the primary reason for your visit today?

Who referred you to our office?

Date of last dental visit?

DENTAL HISTORY

Has your child had trouble from previous dental care? Yes No

Does your child have pain in his/her jaw joint (TMJ)? Yes No

Has your child ever had Novocaine or other local anesthetics? Yes No

Is your child taking fluoride supplements? Yes No

Does your child have bad breath? Yes No

Does your child have frequent sores on lips or mouth? Yes No

Is your child experiencing any pain or sensitivity in his/her mouth/teeth? Yes No

Does your child have any of the following habits?

Lip Sucking/Biting Yes No

Nail Biting Yes No

Breathing through mouth Yes No

Clenching/Grinding teeth Yes No

Thumb/Finger sucking Yes No

Used Pacifier Yes No

Tongue/Cheek biting Yes No

Breast fed Yes No

Frequent bottle use or sleeps with bottle at night Yes No

Is there any other problem not covered in this section that you would like to discuss? Yes No

If yes, please specify:

Patient Name

Acct. No.

MEDICAL INFORMATION

Child's physician

Physician's Address

Physician's phone

Date of Last Exam

MEDICAL HISTORY

MEDICAL HISTORY: Certain illnesses and drugs may have a direct effect on the oral cavity and, consequently, dental treatment. In our endeavor to render appropriate care, it is necessary to have the following information. DOES YOUR CHILD HAVE, OR HAS YOUR CHILD EVER HAD THE FOLLOWING? If yes, please indicate "YES" and circle illnesses.

1. Allergies - Medications (i.e. penicillin) Yes No
- Food, dyes, latex, etc.

Specify

2. Anemia or blood disorders? Yes No

3. Any abnormal or prolonged bleeding, or easily bruised? Yes No

4. Asthma or other respiratory ailment? Yes No

5. Cancer? Yes No

6. Congenital heart disease or heart murmur? Yes No

7. Convulsions, seizures, fainting or epilepsy? Yes No

8. Croup? Yes No

9. Diabetes or blood sugar problems? Yes No

10. High/low blood pressure? Yes No

11. Immunocompromised HIV AiDS? Yes No

12. Kidney or bladder problems? Yes No
13. Liver or thyroid problems? Yes No
14. Rheumatic fever or rheumatic heart disease? Yes No
15. Tuberculosis or pneumonia? Yes No
16. Speech, learning, or hearing disorders? Yes No
17. Hospitalizations or surgeries? Yes No
Specify
18. Presently taking any medications? Yes No
Specify
19. Childhood illnesses? Yes No
Specify
20. Does your child snore? Yes No
21. Any medical conditions/problems not stated above that should be brought to our attention? Yes No
Specify
22. Are immunizations current? Yes No
-

Parent/Guardian

Doctor

X

X

Parent or Guardian Signature

Date

Doctor Signature

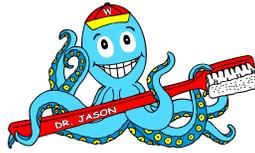
Date

I hereby certify that the information provided on this form is true and correct in its entirety.
 Since _____ is a minor patient, signed permission from a parent or guardian is required before any necessary dental treatment can be initiated. By signing this form, I hereby grant such permission. I also acknowledge my responsibility for any professional fees incurred for dental services provided to my child.
 I authorize Dr. Jason Wanuck to release my child's dental records to the insurance carrier(s) named for insurance purposes.

Name

Signed

Date



Jason Wanuck DMD, PA
Pediatric Dentistry
1232 West Indiantown Road, Suite 109
Jupiter, FL 33458
(561) 747-5778

OFFICE GUIDELINES

1. if a child's mouth is to develop and grow properly, the first (primary) teeth must be healthy. Please realize that x-rays are essential for us to thoroughly examine the dental health of your child and to properly diagnose any abnormalities. In addition to our regular x-rays, a special Panoramic x-ray will be taken around 6 years of age and various stages of your child's development to determine the position and growth of the teeth and jaws. If you do not want the panoramic x-ray or other x-rays to be taken, please notify the front desk BEFORE your child is called in to see the doctor.
2. We invite you to stay with your child during the initial examination as this will give you an opportunity to see the staff in action and allow the doctor to discuss dental findings and treatment directly with you. During future appointments, we suggest you allow your child to accompany our staff through the dental experience. We can usually establish a closer rapport with your child when you are not present. Our purpose is to gain your child's confidence and overcome apprehension, and we are highly experienced in helping children overcome anxiety. Separation anxiety is not uncommon in children, so please try not to be concerned if your child exhibits some negative behavior. This is normal and will soon diminish. Studies and experience have shown that most children over the age of 3 react more positively when permitted to experience the dental visit on their own in an environment designed for children.
We strive to make each and every visit to our office a fun one!
3. The office reserves time especially for your child and 24 hour notice of cancellation is required. We reserve the right to charge for a no show or cancelled appointment the same day of the visit. This charge will be \$25.00 for each appointment. We are aware that emergencies can arise but repeated cancellations and no shows will result in a dismissal from the practice. Confirmation calls are a courtesy, therefore you are expected to remember your child's appointment.
4. If your child is under the age of 6, we ask that you schedule a morning appointment. In our experience, we have found that younger children tend to do better when they are well rested.
5. Please notify the office of any change of address or telephone number. if you are unable to be contacted your appointment may be cancelled.
6. Please let the staff know if your child is sick or contagious.
7. Emergencies can arise, especially with children, your patience is greatly appreciated.

Parent/Legal Guardian

Signature

BEHAVIOR MANAGEMENT TECHNIQUES

Dr. Wanuck and his assistants do their best to give your child an excellent dental care experience in a safe and caring environment.

Through understanding, gentle guidance, humor, and charm, every effort will be made to gain your child's cooperation. In the occasion that these attempts fail, there are other management techniques that may be used. These techniques have been approved by the Academy of Pediatric Dentistry, and help to eliminate, even minimize disruptive behavior. Dr. Wanuck and his assistants have been trained in these techniques.

- 1. Tell, Show, Do:** This technique dictates that before anything is started, the child will be told what will be done and then shown by some sort of simulation what will happen before the procedure is initiated.
- 2. Positive Reinforcement:** This technique rewards with the use of praise, complements, a pat on the shoulder, or a small prize, for the child who displays positive and cooperative behavior.
- 3. Voice Control:** This technique allows a change in Dr. Wanuck's tone of voice and volume to redirect the attention of a disruptive child.
- 4. Mouth Props:** This is a padded device (tooth pillow) that is placed in the patient's mouth. It allows the child to rest their teeth in the "pillow" instead of keeping their mouth open. It also prevents your child's teeth from closing inadvertently when a dental procedure is being done.
- 5. Head and/or Hand Holding:** This technique allows Dr. Wanuck and his assistants to hold your child's body still so that they cannot hurt themselves by grabbing the dentist's hand or sharp dental instruments.
- 6. Nitrous Oxide:** (also known as Laughing Gas). This technique allows a nervous child to relax by breathing through a colorful and flavored nose mask. The nitrous oxide allows the child to remain awake but keeps them relaxed and calm and it has a sweet and pleasant aroma. Since occasionally, nausea or vomiting can occur when a child has a full stomach, we recommend that there is no food or drinks three hour prior to the appointment.
- 7. Stabilization Wrap:** (also known as a Papoose Board). In certain occasions when the child is restless and presents with sudden movements, this technique may be used for the child's safety and to assure the quality of our work. A papoose is a body wrap made of Fabric Mesh and Velcro and is placed around your child's body to limit their movement. This technique is never used without the knowledge of the parent. Remember, our goal is to achieve oral health for your child, who will always be our priority!
- 8. Parents in the room:** Dr. Wanuck over the years has been experiencing that the child's best behavior and accomplishments happens when there is a good communication between the child and the dentist. To better achieve that, Dr. Wanuck may suggest that you stay in the waiting room for more involved procedures and you will always be welcomed to "peek" in the room to see how your child is doing. We also are open to evaluate that need on an individual basis. Remember, this is not a rule. We are welcome to discuss that with you based on the individual needs of each child. Our goal is to provide the best treatment for our patients and you are the most important partner for us to reach that goal.

I have been explained the above mentioned behavior management techniques, the what, when, and how, and why of their use and the risks/benefits and available alternatives. I have asked any questions or concerns.

Parent/Guardian	<input type="text"/>	Date	<input type="text"/>
Witness	<input type="text"/>	Date	<input type="text"/>