Jeff Kinner, DDS, PC

653 N Town Center Drive #104 Las Vegas, NV 89144 (702) 838-9013

Registration Form: Please Fill Out Form Completely & Accurately.

PATIENT INFORMATION

Child's Name _____

Nickname _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____

Birthdate _____ Age _____ Male ☐ Female ☐

School _____

GETTING TO KNOW YOU

Is another member of your family a patient at our office?

Yes ☐ No ☐

If yes, name(s):

_____

Who may we thank for referring you to our office?

Name: _____

Doctor or Patent or Other

Please indicate the phone number you would like us to use to confirm appointments: _____

Phone

Responsible Party

Person responsible for this account:

_____

I have reviewed my answers. To the best of my knowledge these responses are true and accurate.

Responsible Person Signature:

_____

Today's Date: _____

INSURANCE INFORMATION

Primary Carrier: Mom ☐ Dad ☐ None ☐

Insurance Company _____

Employee _____

Union or Local # _____ Group # _____

Insurance Phone # _____

Secondary Carrier: Mom ☐ Dad ☐ None ☐

Insurance Company _____

Employee _____

Union or Local # _____ Group # _____

Insurance Phone # _____

PARENT INFORMATION

Mother's Information- Birthdate: _____

Name _____ S.S. # _____

Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____

Employer _____

Business Telephone _____ Ext. _____

Father's Information - Birthdate: _____

Name _____ S.S. # _____

Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____

Employer _____

Business Telephone _____ Ext. _____

Medical History

Child's Full Name: _____ Date of Birth: _____

Does the child have any history of the following?

1 -Heart problems or murmur	☐ Yes	☐ No	☐ ?	13-Vision problems	☐ Yes	☐ No	☐ ?
2 -Rheumatic fever	☐ Yes	☐ No	☐ ?	14-Asthma or wheezing	☐ Yes	☐ No	☐ ?
3 -Bleeding problems	☐ Yes	☐ No	☐ ?	15-Allergies or hay fever	☐ Yes	☐ No	☐ ?
4 -Sickle cell anemia or trait	☐ Yes	☐ No	☐ ?	16-Eating disorders	☐ Yes	☐ No	☐ ?
5 -Cleft lip or palate	☐ Yes	☐ No	☐ ?	17-Liver disease	☐ Yes	☐ No	☐ ?
6 -Birth or genetic disorders	☐ Yes	☐ No	☐ ?	18-Diabetes	☐ Yes	☐ No	☐ ?
7 -Epilepsy or seizures	☐ Yes	☐ No	☐ ?	19-Tuberculosis	☐ Yes	☐ No	☐ ?
8 -Mental retardation	☐ Yes	☐ No	☐ ?	20-Kidney problems	☐ Yes	☐ No	☐ ?
9 -Growth problems	☐ Yes	☐ No	☐ ?	21 -Bone or joint problems	☐ Yes	☐ No	☐ ?
10-Cerebral palsy	☐ Yes	☐ No	☐ ?	22-HIV or AIDS	☐ Yes	☐ No	☐ ?
11-Ear or hearing problems	☐ Yes	☐ No	☐ ?	23-Cancer	☐ Yes	☐ No	☐ ?
12-Speech difficulties	☐ Yes	☐ No	☐ ?	24-Other medical	☐ Yes	☐ No	☐ ?

Please explain each question marked "Yes" above: (for example: 1-Mitral Valve Prolapse, 14-Asthma, etc ...):

_____

_____

My Child is taking the following medications: (for example: Nadolol 10 mg once a day - Proventil as needed..):

_____

Child's Physician: _____ Date of Last Visit: _____

Physicians Address: _____ Physicians Phone Number : _____

Any allergic or unfavorable reaction to any medications? (if so, which medication(s) and the type of reaction):

_____

DENTAL HISTORY

Why is the child seeking dental care? ☐ Check Up ☐ Toothache ☐ Cavities ☐ Injury ☐ Other _____

Has the child been to a dentist before? ☐ Yes ☐ No ☐ ? If yes, give date of last visit: _____

Has the child had any of the following dental problems?

- Injuries to mouth or teeth ☐ Yes ☐ No ☐ ?
- Toothaches ☐ Yes ☐ No ☐ ?
- Abscesses (gum boils) ☐ Yes ☐ No ☐ ?
- Other (specify) _____

Does the child have any of the following habits?

- Finger or thumb sucking ☐ Yes ☐ No ☐ ?
- Tooth grinding or clenching ☐ Yes ☐ No ☐ ?
- Other (specify) _____

Is there any additional dental information we should know? ☐ Yes ☐ No If yes, describe: _____

SOCIAL & BEHAVIORAL HISTORY

Do you think the child will cooperate for dental treatment? ☐ Yes ☐ No ☐ ?

Has the child had a previous bad or fearful dental or medical experience? ☐ Yes ☐ No ☐ ?

Which of the following best describes the child? ☐ Advanced in the learning process ☐ Progressing normally ☐ Slow learner

Does the child have any history of emotional or behavioral problems? ☐ Yes ☐ No If yes, describe: _____

Is there any additional information we should know? ☐ Yes ☐ No If yes, comment: _____

I acknowledge that the above information is correct and grant this office permission to provide my child's dental and related medical/surgical treatment as deemed necessary, utilizing proper and acceptable methods used in pediatric dentistry to complete same treatment, including diagnostic radiographs. If my child ever has a change in his/her health or his/her medications change, I will inform the doctor at the next appointment without fail.

Name of Parent or Guardian: _____ Relationship to Child: _____

Signature: _____

Witness: _____ Today's Date: _____

INFORMATION ON MANAGEMENT OF BEHAVIOR/CONSENT FOR TREATMENT

Our desire is to provide quality treatment in a caring environment for you and your child. We provide the following information in order to familiarize you with our office policies. Please feel free to discuss any questions you may have with Dr. Kinner or a member of our staff.

We ask that parents accompany their child back to the examination room for their first visit. A complete diagnosis and any necessary x-rays will be completed. The doctor will discuss his diagnosis and recommend a plan of treatment. On subsequent visits, ***parents are welcome back with their child if they so desire*** (note: in children over the age of three, we have found that we are usually better able to establish a rapport and keep all of our attention focused on the child when the parent is not present). One of our dental assistants will remain with your child at all times. When treatment has been completed the Dr. Kinner will explain to you what was done, as well as what the next treatment will involve. Our primary goal is always the safety and well-being of your child.

We utilize a number of behavior management techniques to help children through their treatment. All of the techniques we use are recognized by the American Academy of Pediatric Dentistry as effective and acceptable. Our goal is to provide the treatment in an efficient, safe manner while hopefully instilling a positive dental attitude in the child. Although hand over mouth is a recognized technique, we rarely employ this method of management.

During treatment, nitrous oxide (laughing gas) is frequently used to reduce anxiety. (We call the small rubber mask "Mr. Nose"). Nitrous oxide is very safe, has few side effects with the exception of nausea in a small percentage of children, and has no lingering effects after the visit. For our especially fearful patients, the doctor may suggest that your child be given a mild sedative prior to treatment. This pre-medication is generally liquid midazolam and/or diazepam given 20-60 minutes prior to treatment as a sedative and relaxant. Our goal is *not* to put your child to sleep; rather, to help relax him or her to feel more comfortable with the visit.

In order to provide quality dental work and reduce the risk of injury to a child, it is absolutely necessary that the child remain still during treatment. Despite our efforts to calm a child with reassurances, showing the instruments and explaining the noises they will hear, at times we encounter difficult management problems. If a child is cooperating poorly it may be necessary to use one or more of the following behavioral management techniques to facilitate treatment:

VOICE CONTROL: instruction is given in a firm tone of voice. This is only used to protect the child from harm (ie-child grabbing at instruments).

IMMOBILIZATION: So the child does not cause injury to themselves by trying to grab the doctors hand during treatment, some children may need to have their hands held by an assistant or parent during certain parts of the procedure to help them sit still. If a child is too young to understand the importance of sitting still (usually 3 years of age or less) or if they are endangering themselves with a lot of uncontrolled movement, they may need to be placed in a pediatric wrap which is sometimes referred to as a, "papoose board".The wrap, or papoose board, holds the head and wraps the arms and legs securely in a blanket fastened with Velcro closures. This is used very rarely as a last resort in order to provide motion control, in an office envirionment, so your child is protected during dental procedures. It is never used as punishment. In the event we feel the wrap must be used, we will notify you at that time, before placing the child in the wrap. You will have the option of giving or denying us permission to use the wrap. If you decline the use of the papoose board it will likely mean that no further treatment can be rendered that day and it may then be necessary to consider hospitalization for future treatment.

HOSPITALIZATION: This may be recommended for very young children or those children with significant medical or behavioral problems. This is required for very few children and will be thoroughly discussed with you if other options can not be used successfully.

Your child's best interests are most important to us. We will seek to conservatively manage the behavior of your child and help him or her to accept dental care in a positive, non-threatening environment. We hope to promote good, long- term attitudes toward dentistry, oral health, and self. Thank you for trusting us to treat your child.

CONSENT FOR TREATMENT

1. I hereby authorize and direct Jeff Kinner, DDS, PC to perform on my child necessary dental treatment as presented and explained during the exam visit, including the use of necessary or advisable local anesthesia, radiographs (x-rays), diagnostic aids, and/or nitrous oxide.

2. I have read the preceding information regarding behavior management techniques and understand that at times it may be necessary for the dentist to utilize these management therapies. I also understand that if I have any questions about the behavior management techniques, I can discuss them with the dentist prior to treatment.

3. I understand that specific dental/surgical procedures will be explained when I am presented his or her treatment plan. Alternate methods, if any, will also be explained to me, as will the advantages and disadvantages of each. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and, therefore, there can be no guarantee, expressed or implied, as to the result of the treatment or as to cure.

4. Although their occurrence is infrequent, there are some inherent risks that accompany dental procedures.

   A. Local anesthetic (such as Lidocaine or Novocaine) is used to make teeth numb so that dental treatment will not hurt. When it is used, the child may chew the cheek, lip or tongue while they are numb. Soreness of the lower jaw (trismus) may also occur following an injection.

   B. Although not common, excessive bleeding, pain or swelling may occur following removal of a tooth. Temporary or permanent numbness of the tongue or lip (paresthesia) can also occur.

   C. Nitrous oxide (laughing gas) is used to help relax children who are particularly nervous so that the treatment can be done properly. Though infrequent, the child may experience nausea or vomiting with its use.

Patient's Name _____ Date _____ Time _____

Signature of Parent or Guardian _____ Relationship to Patient _____

CONSENT TO ADMINISTER CONSCIOUS SEDATION MEDICATIONS FOR DENTAL TREATMENT

Some children cannot receive dental treatment in the usual manner due to their young age, fear, inability to cooperate, or the involvement of the procedures. Options for these children include: (1) delaying treatment until the child is more cooperative, (2) immobilizing the child to accomplish the care that is required, (3) giving the child medications specifically designed to reduce anxiety (ie-anxiolytic medications), (4) sedating the child to a level at which dental care can hopefully be provided comfortably or (5) giving the child a general anesthetic in the hospital. These possibilities all include various advantages, disadvantages, and risks. Delaying treatment may allow dental disease to progress to an emergency situation, including abscess formation, infection, pain, fever, and risk to the developing permanent teeth, or contribute to long-term dental problems. Immobilizing the child in a pediatric wrap is generally safe and has few complications. However, in some children it may increase fear of dental treatment. General anesthesia must be performed in a hospital-type setting with an anesthesiologist administering the anesthesia. There are significant financial costs associated with this treatment as well as a low, but present, degree of risk to the child's health.

Behavioral Medications are given primarily to reduce anxiety in children. They are not given with the intention of sedating the child and enjoy a wide margin of safety. Factors considered when administering behavioral drugs are the child's medical history, previous reactions to drugs, age, weight, behavior of the child, and the treatment to be accomplished. The most common side effects of anxiolytic drugs include tiredness, relaxed muscles and dizziness. Other reactions which are much less common but must be mentioned are: respiratory arrest, cardiac arrest and allergic reactions.

Factors considered by dentists when administering a **sedative drugs** include the child's medical history, previous reactions to drugs, age, weight, behavior of the child, and the treatment to be accomplished. Despite such considerations, the child's reaction to a sedative drug may vary, with some children demonstrating little sedative effect while others may become profoundly sedated. The most common side effects to sedative drugs include, nausea, vomiting, and dizziness. Other reactions which are much less common but must be mentioned are: respiratory arrest, cardiac arrest and allergic reactions.

In addition to oral behavioral medication(s), **nitrous oxide and oxygen** may be used to supplement behavioral drug activity and deliver oxygen. Risks and complications with nitrous oxide are rare, and its effects are gone five minutes after it is stopped. The most common unfavorable reactions are nausea and vomiting. These are minimized when the child has not recently eaten.

Additionally, **local anesthesia** (numbing) for pain control will be used. The risks involved for local anesthesia are quite low but similar to those listed for sedative medications. **All medications** carry the risk of brain damage and death.

Proper and acceptable measures will be taken to optimize your child's safety and to achieve quality pediatric dentistry; however we can give no guarantees or assurances as to the results that may be obtained.

I certify that I have read and understand the above information and have had any and all questions concerning the procedures, material risks, and complications answered to my satisfaction. With the signing of this statement, I give a knowing and voluntary informed consent to administer conscious sedation to my child. I also acknowledge the receipt of and understand the ***Behavioral Medications For Children: Instructions For Parents****.*

Child's Name: _____

Parent/Guardian's Signature: _____ Date: _____

SEDATION (SOMETIMES GIVEN FOR EXTENSIVE DENTAL TREATMENT)

To enable us to treat the young and apprehensive child, **for extensive treatment**, it may be necessary to administer medication during the child's dental appointment. These medications, used in conjunction with nitrous oxide and oxygen analgesia, will allow the child to experience a more pleasant visit to our office and will allow us to perform necessary dental procedures.

Please follow these helpful instructions:

MORNING APPOINTMENTS: Children requiring oral behavioral medications are usually appointed in the morning whenever possible after they have had restful sleep.

ARRIVAL AT OUR OFFICE: Since the behavioral medication is administered orally and requires approximately one hour to be effective, your child must be brought to the office at least one hour prior to the actual dental treatment. Your child should be encouraged to go the bathroom at home or at the office before treatment.

NO EATING OR DRINKING BEFORE APPOINTMENT: To help absorption of the medication and minimize nausea and vomiting, your child should not have anything to eat four hours before administration of the behavioral drug. Drinking, except for a few sips of water is also forbidden for four hours prior. Not following these recommendations poses a risk of vomit aspiration, a potentially serious medical complication.

COMFORTABLE CLOTHING: Since very young children may be placed in a "wrap" to help them stay very still during treatment, they should be dressed in comfortable clothes (such as play clothes).

FAVORITE TOY OR BLANKET: It is often relaxing for a child to bring a favorite book, toy, or blanket to use while the medication is taking effect.

OTHER CHILDREN AND APPOINTMENTS: Since your presence will be required during the entire visit, including the time the medication is taking effect, the company of the other siblings and the scheduling of other appointments or errands is not permitted. Once treatment begins, you can expect your child to be with us for 30-60 minutes. We request that you remain in the reception or treatment room during the treatment time and not leave the building.

SUPERVISION AFTER THE MEDICATION: Since your child may be drowsy for hours after the appointment, supervision by an adult must be arranged. Your child should be encouraged to drink liquids and to continue resting. Since the lips and tongue may continue to be numb, your child should not be allowed to chew or bite for at least I - 2 hours after returning home, or until the numbness wears off. A cheek or lip bite may result in a very large ulceration and swelling, which may leave scarring. You agree to call immediately if this occurs, so that we may evaluate if there is a need to treat the wound.

REACTIONS OF CHILD: The behavioral medication administered enables your child to become more receptive to positive and rewarding communication. Therefore, praise and good feelings are encouraged after the sedation. Your child may experience dizziness, agitation, or sleepiness for several hours following the visit. Often children are unsteady on their feet for awhile afterwards, so please do not allow your child to walk or stand up without your help and please use seat belts during transport.

PAIN CONTROL: If there is any discomfort, it will occur after the numbness wears off. You can give acetaminophen (such as Tylenol) or children's Ibuprofen (such as Advil or Motrin) if there is discomfort. Please follow the recommended dosage and directions on the label.

SPECIAL INSTRUCTIONS: Please call if you have any questions or concerns. (702) 838-9013.

I have read and understand these instructions.

Child's Name: _____ Parents Name: _____

Signature of Parent: _____ Date: _____