PATIENT INFORMATION

Child's Name ____Child's Nickname (if any)______________

Brothers/Sisters? (please circle) yes no Ages/Names?____

Is your child adopted? (please circle) yes no If yes, does your child know? (please circle) yes no

Address____

City _________________________ State ____Zip___________ Home Phone ________________________

Sex (circle one) M F Age ___________ Birthdate _______________ School_____________________

Grade _____________ Hobbies/Sports ____

Whom may we thank for referring you? ____

Notify in case of an emergency ___________________________ Home Phone ________________________

Business Phone ______________________ Cell Phone ____________________ Email __________________

MOTHER'S INFORMATION

Mother's Name ____________________________Soc. Sec. # _____________ Birthdate _______________

Address (if different from child) ____

City ________________________ State ______ Zip ___________ Home Phone _____________________

Employed By ____ Occupation _________________

Business Phone _______________________ Cell Phone ________________ Email ____________________

Insurance Company ____ Phone _______________________

Group # _____________________________ Subscriber # ____

FATHER'S INFORMATION

Father's Name ____________________________Soc. Sec. # _____________ Birthdate _______________

Address (if different from child) ____

City ________________________ State ______ Zip ___________ Home Phone _____________________

Employed By ____ Occupation _________________

Business Phone _______________________ Cell Phone ________________ Email ____________________

Insurance Company ____ Phone _______________________

Group # _____________________________ Subscriber # ____

Kidz Place DENTISTRY
EVELYNE VU-TIEN, DDS, INC.

DENTAL HISTORY

Former Dentist ________________________________ Phone_ ___________________________________

Date of last dental care _________________________ Date of last x-rays ____________________________

How often does your child brush? __________________________________ Floss _____________________

Does your family have a history of dental cavities? (circle one) Y N Gum disease? Y N

Does your child drink juice? (circle one) Y N If yes, how many cups a day? ____________

Has your child ever experienced a mouth or chin injury? (circle one) Y N

Did your child nurse or use a bottle at night greater than 1 year of age? (circle one) Y N

Does your child currently use a bottle or nurse? (circle one) Y N

Did mom or dad need orthodontic treatment? (circle one) Y N

Has your child ever experienced adverse reaction during or in conjunction with a medical or dental procedure? (circle one) Y N If yes, describe
____

Child's habits affecting the mouth or teeth (circle any that apply) thumb sucking pacifier use nail biting sippy cup grinding other____

Other information about your child's dental health or previous treatment _____________________________

____

MEDICAL HISTORY

Child's Physician ____ Phone _______________

Date of last visit ______________ Has your child had any serious illnesses or operations? (circle one) Y N

If yes, describe ____

Is your child currently under a physician's care? ______ If yes, describe ______________________________

Has your child ever had a blood transfusion? ________ If yes, give approximate dates _________________

Please mark if your child has or has had any of the following

- Aids/HIV
- Anemia
- Allergies
- Blood disease
- Cancer
- Chemotherapy
- Circulatory Problems
- Convulsions/Epilepsy
- Cough, persistent
- Anorexia/Bulimia
- Asthma
- Cough up blood
- Diabetes
- Ear Infections
- Fainting
- Headaches
- Hearing Problems
- Heart Murmur

Kidz Place DENTISTRY
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- Heart Problems
- Hemophilia/Abnormal Bleeding
- Hepatitis
- Jaw Pain
- Kidney disease or malfunction
- Liver disease
- Pacemaker
- Respiratory disease
- Rheumatic/Scarlet fever
- Shortness of breath
- Sinus problems
- Skin rash
- Thyroid disease or malfunction
- Tonsillitis
- Tuberculosis
- Ulcer
- Autism/ASD

List Medications your child is taking, if any ____

List drug allergies, if any ________________________ Dr Signature ______________ Date ___________

AUTHORIZATION

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

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 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 ____________________________

DUTY TO WARN NOTICE

Dr. Evelyne Vu-Tien is committed to the confidentiality and privileged communication with all patients. There are, however, several exceptions. According to California law, any evidence of child abuse must be reported to the authorities. If any individual intends to take harmful, dangerous, or criminal action against another individual, or against himself/herself, it may be the doctor's duty to report such action or intent.

Directions to Kidz Place Dentistry

4765 Carmel Mountain Road, Suite 210
San Diego, CA 92130
Tel: 858-755-9511
www.kidzplacedentistry.com

From North County

- Take the 5 Freeway South
- Take the Local Bypass (Highway 56 exit)
- Take the Carmel Mountain Road exit (exit 32)
- Make a left and get into the right hand lane.
- Turn Right at Carmel Mountain Road (it is the 3rd stop light)
- Go up the hill and Pass Ocean Air Drive
- Make a right at Vereda Mar Del Corazon (it is the Vons/Wells Fargo shopping center)
- Make an immediate left and park in the parking structure on the second level and walk across the bridge to enter the building.
- We are the first suite on the left when you enter the Torrey Hills Medical Dental Plaza.

From East County

- Take the 15 freeway to the 56 West
- Exit Carmel Country Road make a left
- Take it all the way up the hill until it ends at Carmel Mountain Road. It is all residential but you are going the right way.
- Turn Right at the light Carmel Mountain Road.
- Take it until you get to the Vons Shopping Center on the left. The street is Vereda Mar Del Corazon and you will make a left at the light. When you are at the light we are the building facing you.
- Make an immediate left when you enter the parking lot and park in the parking structure on the second level.

From the South

- Take the 5 North or 805 North
- Take the local bypass Highway 56
- Exit Carmel Mountain Road (exit 32)
- Make a right when you exit and then make a right again to stay on Carmel Mountain Road
- Continue up the hill pass Ocean Air Drive
- Make a Right on Vereda Mar Del Corazon
- Make an immediate left when you enter the parking lot and park in the parking structure on the second level. Walk across the bridge to the Torrey Hills Medical/Dental Plaza and we will be the first suite on your left.