

WELCOME TO DIENTES

The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health. Please complete these forms completely. The better communication, the better we can care for you.

PATIENT INFORMATION

NAME: _____
Last First Middle

ADDRESS: _____
Street

City State Zip

Date of Birth Place of Birth (City & State)

Male Female

Social Security Number

PARENT OR GUARDIAN INFORMATION

NAME: _____
Last First Middle

ADDRESS: _____
Street

City State Zip

Home Phone Work Phone

Social Security Number

INSURANCE INFORMATION

Denti-Cal ID # _____

Delta Healthy Families ID # _____

Healthy Kids ID # _____

EIP Homeless Project

Other _____

EMERGENCY CONTACT

In case of emergency, whom should we call?

_____ Contact Name

_____ Relationship

_____ Phone

The following information is optional. Dientes Community Dental Care is a non-profit organization. We are asked to report the following information for a number of different grants, all of which enable us to continue to provide low-cost, quality dental care. We appreciate your willingness to answer the following questions. Please ask the receptionist if you have questions.

ETHNICITY & LANGUAGE

- | | |
|---|---|
| <input type="checkbox"/> Caucasian (non-Hispanic) | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Multi Racial _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian/Alaskan | |

What is your primary language? _____

SCHOOL INFORMATION

School _____ Grade _____

Teacher _____

EMPLOYMENT

- Employer: _____
- Agricultural Worker Unemployed

HOUSING STATUS

- Renting alone
- Renting with others
- Own home
- Staying with friends or family less than 6 months
- Renting a motel room
- Staying in a shelter
- Participating in transitional housing program
- Staying in your car, camping or on the street

FULL PAYMENT IS EXPECTED AT THE TIME OF EACH APPOINTMENT.

How will you be paying today?

Cash _____ Check _____ Credit Card _____

PATIENT REGISTRATION INFORMATION

PATIENT'S NAME _____
Last
First
Initial
Date of Birth

MEDICAL HISTORY

CIRCLE THE APPROPRIATE ANSWER

- Is your child in good health?..... YES NO
- Is your child under care of physician?..... YES NO
 If yes, since when? _____ Why? _____
- Name of physician _____
- Is your child taking any medication?..... YES NO
 When? _____ Why? _____
- Has your child had any serious illness?..... YES NO
 When? _____ What? _____
- Is your child allergic to penicillin, antibiotics or other drugs?..... YES NO
- Does your child have any other allergies?..... YES NO
- Has your child had surgery?..... YES NO
- Is surgery contemplated?..... YES NO
- Is your child subject to profuse bleeding?..... YES NO
- Is your child subject to nervous disorders?..... YES NO
 Fainting?..... YES NO
 Dizziness?..... YES NO
- Has your child had Hepatitis A, B or C?..... YES NO
- Has your child ever had a blood transfusion?..... YES NO
- Has your child been tested for tuberculosis?..... YES NO
- Has your child tested positive for HIV?..... YES NO
- Has your child had history of: (circle appropriate responses) diabetes, heart murmur,
 asthma, kidney infection, rheumatic fever, ear infection..... YES NO

I CERTIFY THAT THE INFORMATION PROVIDED ON THESE FORMS IS COMPLETE AND ACCURATE.

 PARENT'S/GUARDIAN'S SIGNATURE

 DATE

 DENTIST'S SIGNATURE

 DATE

Please sign below **ONLY** if you would authorize your 12-18 year old child to be treated without a parent/guardian present:

CONSENT

I authorize my child _____ to be treated without me present at their appointment.

 Parent's/Guardian's Signature

 Date

MEDICAL HISTORY INFORMATION

Welcome to Dientes

We hope your visit with us is a pleasant experience.

Here's how our clinic works

Who we are: Dientes is a private non-profit organization. We are not a government clinic nor are we owned by a private dentist. A volunteer Board of Directors is responsible for the operation and funding of the clinic.

Our mission: To create lasting oral health for the underserved children and adults of Santa Cruz County and neighboring communities.

Who is eligible to use Dientes:

- Persons who have public insurance such as Medi/Denti-Cal, Healthy Families or Healthy Kids.
- Persons referred from special programs, such as the Homeless Persons Health Project, E.I.P, etc.
- Persons with low income. We define low income as persons with income no greater than twice the Federal Poverty Level. We will need proof of income, such as an income tax return, pay stub, unemployment check, disability determination, or social security check.
- Persons without private insurance.

What we do: We provide basic dental services such as: examinations, x-rays, cleanings, sealants, fillings, crowns, dentures, extractions, some root canals, and emergency treatment. We do not provide: orthodontics, gum surgery, complex extractions or root canals, cosmetic dentistry. For these procedures we will refer you to specialists.

Terms of payment: Our policy is payment at the time of service. If we bill insurance and you have a co-pay which was not collected, we will invoice you for the remaining balance.

Our appointment policies: We see patients by appointment, like any other private office.

- We expect you to arrive on time or 10 minutes before.
- **It is the responsibility of the patient to confirm their appointment 48 hours prior to the appointment time.** We will attempt to give you a courtesy call to confirm.
- You may confirm your appointment during business hours or by message on our 24-hour voice mail.
- **Failure to confirm an appointment may result in the loss of your scheduled visit.**
- **If you miss two scheduled appointments (you fail to come OR cancel your appointment without giving proper notice) within a six-month period, you will be placed on a 6 month probation. If another appointment is missed while being on probation-you will be dismissed from the practice.**
- Children are not allowed to accompany a parent/adult to their appointment.
- **Respect for each other:** We are dedicated to providing high quality dentistry to you in a professional, courteous, and respectful manner. We expect you to treat our staff with the same courtesy and respect. **If these guidelines are not followed, we reserve the right to dismiss any patient from our practice. If you have any concerns about your dental treatment, you may submit your concern in writing and it will be addressed. The front office staff will supply you with a form. We also have a patient satisfaction survey available for your feedback.**

I have read this sheet and understand how the Dientes clinic works.

Patient signature

Date