



Welcome to Chew Chew Dental

DATE _____

17130 Magnolia St. • Fountain Valley, CA 92708 | 714.842.5539
info@chewchewdental.com

Patient Info

First Name: _____ MI: _____ Last Name: _____ Preferred Name: _____

Title: _____ Gender: ☐ M ☐ F Birth Date: _____ Age: _____ Family Status: ☐ Single ☐ Married ☐ Minor ☐ Other
Mr/Ms/Mrs/etc

Social Security #: _____ Drivers License #: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home _____ Mobile _____ Work _____ Best time to call: _____

How would you like to be contacted (select more than one): ☐ PHONE ☐ E-MAIL ☐ TEXT message

IN CASE OF EMERGENCY, CONTACT (Specify someone who does not live in your household.)

Name _____ Relationship _____ Phone Number: _____

How did you hear about our office? _____

Dental History

Date of last dental visit _____ Name of previous dentist _____

Why are you changing dentists? _____

Reason for today's visit: (check all that apply) ☐ Check-up ☐ Cleaning ☐ Pain ☐ Other(use space below)

Place a mark on "Yes" or "No" to indicate if you have had any of the following

Clicking or popping jaw ☐ Yes ☐ No	Dry mouth ☐ Yes ☐ No	Bad Breath ☐ Yes ☐ No
Grinding Teeth ☐ Yes ☐ No	Food collection between the teeth ☐ Yes ☐ No	Bleeding gums ☐ Yes ☐ No
Jaw pain or tiredness ☐ Yes ☐ No	Loose teeth or broken fillings ☐ Yes ☐ No	Gums swollen or tender ☐ Yes ☐ No
Orthodontic treatment ☐ Yes ☐ No	Sensitivity to Hot/Cold ☐ Yes ☐ No	Periodontal treatment ☐ Yes ☐ No
Pain around ear ☐ Yes ☐ No	Sensitivity to Biting/Chewing ☐ Yes ☐ No	How often do you floss? _____
Chew on side of mouth ☐ Yes ☐ No	Sensitivity to Sweets ☐ Yes ☐ No	How often do you brush _____

1. Have you ever had any complications following dental treatment? ☐ Yes ☐ No

If yes, please explain: _____

2. Have you ever had any unfavorable reaction to dental anesthetic? ☐ Yes ☐ No, If yes, please explain _____

3. Does dental treatment make you nervous? ☐ No ☐ Yes, Slightly ☐ Yes, Moderately ☐ Yes, Extremely

4. Do you like your smile? ☐ Yes ☐ No If you could change your smile, what would you like to change? _____

5. I am interested in (check all that apply): ☐ Teeth Whitening ☐ Replacement of Missing Teeth ☐ Cosmetic Evaluation ☐ Straight Teeth
☐ Sedation ☐ White (Natural) Fillings ☐ Home Care ☐ Breath Control

Medical History

1. Are you ALLERGIC or have adversely reacted to any of the following:

- ☐ Aspirin ☐ Dental Anesthetics ☐ Latex ☐ Milk ☐ Tetracycline ☐ Other
☐ Codeine ☐ Iodine ☐ Metals ☐ Sulfa Drugs ☐ Valium or Other Sedative If other, please describe _____

2. Have you ever had any of the following Please answer YES question by marking the boxes below.

- | | | | | | |
|--|---|---|--|--|---|
| ☐ Anemia | ☐ Blood Disease | ☐ Drug Addiction | ☐ Heart Attack | ☐ Low Blood Pressure | ☐ Shortness of Breath |
| ☐ Angina Pectoris | ☐ Blood Transfusion | ☐ Epilepsy/Seizures | ☐ Heart Murmur | ☐ Mental Disorders | ☐ Sinus Problems |
| ☐ Anxiety | ☐ Bruise Easily | ☐ Excessive Bleeding | ☐ Hemophilia | ☐ Mitral Valve Prolapse | ☐ Skin Rash |
| ☐ Arthritis | ☐ Cancer | ☐ Frequent Headaches | ☐ Hepatitis Type: | ☐ Nervous Disorders | ☐ Stroke |
| ☐ Artificial Heart Valves | ☐ Chemotherapy | ☐ GERD/Acid Reflux | ☐ High Blood Pressure | ☐ Pacemaker | ☐ Swelling Feet/Ankles |
| ☐ Artificial Joints | ☐ Cold Sores | ☐ Glaucoma | ☐ HIV/AIDS | ☐ Radiation Treatment | ☐ Thyroid Disease |
| ☐ Heart Disease | ☐ Depression | ☐ Growths/Tumors | ☐ Jaundice | ☐ Respiratory Disease | ☐ Tuberculosis |
| ☐ Asthma | ☐ Diabetes | ☐ Hay Fever | ☐ Kidney Disease | ☐ Rheumatic Fever | ☐ Ulcers |
| ☐ Back Problems | ☐ Dizziness/Fainting | ☐ Head Injuries | ☐ Liver Disease | ☐ Rheumatism | ☐ Venereal Disease/STD |

3. Do you have any other health problems or conditions not listed above?

☐ Yes ☐ No

If yes, please specify: _____

4. Are you under the care of a Physician? ☐ Yes ☐ No

If yes, please specify and provide Doctor Name and Contact Info

5. Have you been admitted to a hospital or needed emergency care during the past 2 years? ☐ Yes ☐ No

If yes, please specify: _____

6. Are you taking any medications at the is time? ☐ Yes ☐ No

If yes, please specify and/or provide List of Medication
(use back side of page 3 if needed)

7. Have you ever taken or are currently taking any BISPHONATES orally or through IV (ie Fosamx, Bonica, Actonel)? ☐ Yes ☐ No

If yes, please specify and provided List of Medication _____

8. Do you SMOKE? ☐ Yes ☐ No ☐ Cigarette ☐ Pipe ☐ Cigars ☐ Electronic/Vaping If yes how many cigarettes do you smoke per day _____

9. WOMEN: are you currently PREGNANT? ☐ Yes ☐ No 9A. NURSING? ☐ Yes ☐ No 9B. Currently taking any birth control? ☐ Yes ☐ No

10. Do you use recreational drugs? ☐ Yes ☐ No If yes, for how many MONTHS? _____

If yes, please specify and provided List of drugs _____

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in health, I will inform the doctors at the next appointment without fail.

Signature of patient, parent or guardian: _____ Date: _____

Reviewed By: _____ Date: _____

Recall Medical History Review

If there is no changes to the above information you provided, please sign and date below:

1. Date: _____ Updates: _____ Initial: _____ Review By: _____

2. Date: _____ Updates: _____ Initial: _____ Review By: _____

3. Date: _____ Updates: _____ Initial: _____ Review By: _____

4. Date: _____ Updates: _____ Initial: _____ Review By: _____

5. Date: _____ Updates: _____ Initial: _____ Review By: _____

Insurance Info

PRIMARY

Name of insured: _____ Relationship to Patient: ☐ Self ☐ Spouse ☐ Parent
Insured's Birth Date: _____ ID/Group #: _____ Insured Social Security #: _____
Name of Employer: _____ Address of Employer: _____ State: _____ Zip: _____
Insured's Company: _____ Policy Number: _____

SECONDARY/MEDICAL

Name of insured: _____ Relationship to Patient: ☐ Self ☐ Spouse ☐ Parent
Insured's Birth Date: _____ ID/Group #: _____ Insured Social Security #: _____
Name of Employer: _____ Address of Employer: _____ State: _____ Zip: _____
Insured's Company: _____ Policy Number: _____

Financial Policy

I, the undersigned certify that I (or my dependent) have insurance coverage with the Insurance company I listed above and assign directly to Dr. James C Chiu all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financial responsible for all charges whether or not paid by insurance. I will inform Chew Chew Dental if there are any changes to my insurance information. I hereby authorize Chew Chew Dental to release all information necessary to secure the payment of benefits. I authorize the user of this signature of all insurance submissions

Signature of financial party _____ Date _____

Authorization and Release

By Signing Below you are acknowledging that:

- 1) To the best knowledge, all the preceding answers and information provided are true and correct. If you ever have any changes, you will inform the office as soon as possible
- 2) You hereby grant authority to the dental provider(s) in charge of the care of the patient whose name appears on this form, to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient, i.e. x-ray and exam; and to administer such anesthetic, sedative, and nitrous oxide sedation as advisable in the treatment of this patient.
- 3) You further allow Chew Chew Dental to release your dental record and/or xray to necessary outside care specialist for consult and/or treatment if needed.
- 4) You grant permission to Chew Chew Dental to telephone you at home or at work to discuss matter related to your oral health.
- 5) You have read the above conditions of treatment and payment and agree to their content .

Signature of patient, parent or guardian

Date

Relationship to Patient

CANCELLATION POLICY

I understand that if I must cancel any appointment, I will provide the office at least a 24-hour notice. I understand that last minute cancellation/missed appointment may incur up to \$50/hour of appointment-time cancellation/missed fee.

Initial _____

HIPPA ACKNOWLEDGMENT

I have read and been offered a copy of Chew Chew Dental's Notice of Privacy Practices

Patient Signature _____ Date _____

Dentist Signature _____ Date _____



Acknowledgement of Receipt of: Dental Materials Fact Sheet

By signing this document, I acknowledge that I was offered a copy of

Dental Materials Fact Sheet _____
(Initial)

ChewChew Dental's Notice of Privacy Practice _____
(Initial)

Name: _____

Signature: _____

Date: _____

Please see page 6 for Detail information about California Dental Materials fact sheet!

For ChewChew Dental Use ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Patient is fine not received a copy _____

Individual refused to sign _____

Communications barriers prohibited obtaining the acknowledgement _____

An emergency situation prevented us from obtaining acknowledgement _____

Other (please specify): _____



Acknowledgement of Receipt : Notice of Privacy Practices

****You May Refuse to Sign This Acknowledgement****

I, _____ Had received a copy of this office Notice of Privacy Practice.

(Please Print Name)

(Signature)

(Date)

For office use ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could be Not obtained because:

Individual refused to sign _____

Communication barriers prohibited obtaining the acknowledgement_____

An emergency situation prevented us from obtaining acknowledgement_____

Other _____

The Dental Board of California – Dental Materials Fact Sheet Adopted by the Board on October 17, 2001

As required by Chapter 801, Statutes of 1992, the Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage discussion between the patient and dentist regarding the selection of dental materials best suited for the patient's needs. It is not intended to be a complete guide to dental materials science. The most frequently used materials in restorative dentistry are amalgam, composite resin, glass ionomer cement, resin-ionomer cement, porcelain (ceramic), porcelain (fused-to-metal), gold alloys (noble) and nickel or cobalt-chrome (base-metal) alloys. Each material has its own advantages and disadvantages, benefits and risks. These and other relevant factors are compared in the attached matrix titled "Comparisons of Restorative Dental Materials." A "Glossary of Terms" is also attached to assist the reader in understanding the terms used. The statements made are supported by relevant, credible dental research published mainly between 1993-2001. In some cases, where contemporary research is sparse, we have indicated our best perceptions based upon information that predates 1993. The reader should be aware that the outcome of dental treatment or durability of a restoration is not solely a function of the material from which the restoration was made. The durability of any restoration is influenced by the dentist's technique when placing the restoration, the ancillary materials used in the procedure, and the patient's cooperation during the procedure. Following restoration of the teeth, the longevity of the restoration will be strongly influenced by the patient's compliance with dental hygiene, home care, diet and chewing habits. Both the public and the dental profession are concerned about the safety of dental treatment and any potential health risks that might be associated with the materials used to restore the teeth. All materials commonly used (and listed in this fact sheet) have been shown -- through laboratory and clinical research, as well as through extensive clinical use -- to be safe and effective for the general population. The presence of these materials in the teeth does not cause adverse health problems for the majority of the population. There exist a diversity of various scientific opinions regarding the safety of mercury dental amalgams. The research literature in peer-reviewed scientific journals suggests that otherwise healthy women, children and diabetics are not at increased risk for exposure to mercury from dental amalgams. Although there are various opinions with regard to mercury risk in pregnancy, diabetes, and children, these opinions are not scientifically conclusive and therefore the dentist may want to discuss these opinions with their patients. There is no research evidence that suggests pregnant women, diabetics and children are at increased health risk from dental amalgam fillings in their mouth. A recent study reported in the JADA factors in a reduced tolerance (1/50th of the WHO safe limit) for exposure in calculating the amount of mercury that might be taken in from dental fillings. This level falls below the established safe limits for exposure to a low concentration of mercury or any other released component from a dental restorative material. Thus, while these sub-populations may be perceived to be at increased health risk from exposure to dental restorative materials, the scientific evidence does not support that claim. However, there are individuals who may be susceptible to sensitivity, allergic or adverse reactions to selected materials. As with all dental materials, the risks and benefits should be discussed with the patient, especially with those in susceptible populations. There are differences between dental materials and the individual elements or components that compose these materials. For example, dental amalgam filling material is composed mainly of mercury (43-54%) and varying percentages of silver, tin, and copper (46-57%). It should be noted that elemental mercury is listed on the Proposition 65 list of known toxins and carcinogens. Like all materials in our environment, each of these elements by themselves is toxic at some level of concentration if they are taken into the body. When they are mixed together, they react chemically to form a crystalline metal alloy. Small amounts of free mercury may be released from amalgam fillings over time and can be detected in bodily fluids and expired air. The important question is whether any free mercury is present in sufficient levels to pose a health risk. Toxicity of any substance is related to dose, and doses of mercury or any other element that may be released from dental amalgam fillings falls far below the established safe levels as stated in the 1999 US Health and Human Service Toxicological Profile for Mercury Update. All dental restorative materials (as well as all materials that we come in contact with in our daily life) have the potential to elicit allergic reactions in hypersensitive individuals.¹ These must be assessed on a case-by-case basis, and susceptible individuals should avoid contact with allergenic materials. Documented reports of allergic reactions to dental amalgam exist (usually manifested by transient skin rashes in individuals who have come into contact with the material), but they are atypical. Documented reports of toxicity to dental amalgam exist, but they are rare. There have been anecdotal reports of toxicity to dental amalgam and as with all dental materials, risks and benefits of dental amalgam should be discussed with the patient, especially with those in susceptible populations. Composite resins are the preferred alternative to amalgam in many cases. They have a long history of biocompatibility and safety. Composite resins are composed of a variety of complex inorganic and organic compounds, any of which might provoke allergic response in susceptible individuals. Reports of such sensitivity are atypical. However, there are individuals who may be susceptible to sensitivity, allergic or adverse reactions to composite resin restorations. The risks and benefits of all dental materials should be discussed with the patient, especially with those in susceptible populations. Other dental materials that have elicited significant concern among dentists are nickel-chromium-beryllium alloys used predominantly for crowns and bridges. Approximately 10% of the female population is alleged to be allergic to nickel.² The incidence of allergic response to dental restorations made from nickel alloys is surprisingly rare. However, when a patient has a positive history of confirmed nickel allergy, or when such hypersensitivity to dental restorations is suspected, alternative metal alloys may be used. Discussion with the patient of the risks and benefits of these materials is indicated.