LYNNWOOD PERIODONTICS AND IMPLANTS
Brian Brancheau, DDS, MSD

Patient Information

Patients Name: _____ Preferred Name: _____
Address: _____ State: _____ Zipcode: _____
Birthdate: (Mo/Day/Year) _____ Social Security Number: _____
Phone: (Cell) _____(Home) _____ (Work) _____
Email: _____ Preferred Method of Contact: _____
Employer: _____ Occupation: _____
Emergency Contact: _____ Phone: _____Relationship: _____
All information is held in strict confidentiality in accordance with HIPAA, federal and state regulations

---

Dental History

Whom may we thank for your referral? _____ General Dentist: _____
Reason for Visit: _____
Have you had previous periodontal/implant treatment? _____
How often do you receive dental cleanings? (Check one) 3mo____ 4 mo ____ 6 mo ____12 mo ____
Have you ever received a "deep cleaning" or SRP? (Y/N) If Yes, last date: _____
How often do you: Brush _____ Floss _____ Rinse _____
- Other hygiene aids (proxybrush/waterpik/other _____) *circle all that apply*
Are you anxious about dental treatment? Please explain any specific concerns that we can address to make your visit more comfortable: _____
Please list any long-term goals for your teeth: _____
Do you require pre-medication per your physician? (Y/N) if yes, list Medication _____
Please check if you have any of the following:
□ Bleeding Gums □ Bad Taste □ Difficulty Chewing □ Headaches □ Sensitive Teeth
□ Gum Recession □ Jaw Pain □ Clenching/Grinding □ Nightguard □ Sleep Apnea □ Apnea Appliance
Have you had orthodontic treatment in the past? (Y/N) _____ Date Completed:_____

Medical History

Name of Primary Care Physician: _____ Phone: _____
Are you currently under treatment? (Y/N) _____ Date of Last Physical Exam: _____
Conditions being treated: _____
Have you had any serious illness, operation or hospitalization? (Y/N) if Yes, please explain:
_____
_____

Please list any medications you are currently taking:

_____

_____

Have you ever taken bisphosphonates? (Boniva/Fosamax/Reclast/Zometa/ORAL or IV) – *Circle any that apply.* Date last taken: _____

Are you currently taking blood thinners (ie. Coumadin/Warfarin)? _____ Last INR:_____

Do you take aspirin? (Y/N) _____ Dose: _____ Do you have difficulty clotting? _____

Do you use tobacco? Check all that apply

☐ Cigarettes _____ /day _____ years ☐ Cigars _____ /day ☐ Smokeless Tobacco _____ /day

Do you use alcohol? (Y/N) _____ Drinks per week _____

Do you use any recreational drugs? (Y/N) _____ List type and frequency _____

For Women – Are you pregnant? (Y/N) ___ Are you planning on becoming pregnant? (Y/N) _____

Are you nursing? (Y/N) ___ Hormone Replacement Therapy? (Y/N) ____

Some medications used in dentistry can cross the placental and breast milk barrier and potentially affect the unborn fetus. Antibiotics use may reduce the effectiveness of birth control pills, and alternate birth control methods are recommended.

Do you currently have, or have a history of, any of the following conditions?
Please check all that apply **Check here if None ☐**

☐ AIDs/HIV	☐ Depression	☐ Hepatitis	☐ Respiratory Illness
☐ Artificial Joint	☐ Diabetes	☐ Herpes	☐ Sinus Problems
☐ Asthma	☐ Dizziness	☐ High Blood Pressure	☐ Stroke
☐ Atrial Fibrillation	☐ Epilepsy	☐ Kidney Disease	☐ Thyroid Disease
☐ Artificial Heart Valve	☐ Excess Bleeding	☐ Liver Disease	☐ Tuberculosis
☐ Autoimmune Condition	☐ Fainting	☐ Osteoporosis	☐ Tumor
☐ Bacterial Endocarditis	☐ Glaucoma	☐ Pacemaker	☐ Ulcers
☐ Cancer	☐ Head Injury	☐ Prostate Disease	☐ Venereal Disease
☐ COPD	☐ Heart Disease	☐ Radiation Tx	☐ Other _____

Please describe any other conditions not listed here:

_____

Have you had an adverse or allergic reaction to any of the following?

☐ Aspirin ☐ Anti-Inflammatories ☐ Codeine ☐ Dental Anesthetic ☐ Latex
☐ Nickel/Metal Allergy ☐Penicillin/Amoxicillin ☐ Sedatives ☐ Hydrocodone/Oxycodone

Please list all known allergies: _____

I certify that the above information is complete and true to the best of my knowledge.

_____ _____

Signature of Patient, Parent or Guardian Date

Lynnwood Periodontics and Implants
Brian Brancheau, DDS, MSD
4100 194th St SW Suite 209
Lynnwood, WA 98036
www.lynnwoodperio.com
Ph: 425-678-689
Fax: 425-921-6938
Email: info@lynnwoodperio.com

DENTAL BENEFIT and ACCOUNT INFORMATION

As a courtesy to our patients, we accept assignment of dental benefits from most dental insurance companies. Dr. Brancheau is an in-network provider with Cigna, MetLife, Washington Dental Service/Delta Dental Premiere and PPO. Please fill out the following form if you would like us to submit dental claims to your insurance carrier on your behalf. If no dental insurance benefits are assigned, it is our policy that the fee for the initial examination is due at the time of service. See section "Acknowledgement and Release" for additional information.

Primary Insurance Information

Subscribers Name _____ ID/SS#_____ Birth date_____

Employer: _____ Carrier Name: _____

Carrier Address: _____ Carrier Phone: _____

Group # _____

Secondary Insurance Information

Subscribers Name _____ ID/SS#_____ Birth date_____

Employer: _____ Carrier Name: _____

Carrier Address: _____ Carrier Phone: _____

Group # _____

ACKNOWLEDGEMENT AND RELEASE

Insurance: We provide services for our patients with the understanding that they are responsible for payment in accordance with our financial policy. We will prepare and submit forms on your behalf to assist in obtaining the maximum benefits available from your insurance company. Any treatment recommendations made by Dr. Brancheau are based on his best judgment of your diagnosis and your dental needs and desires. Treatment decisions are not based upon coverage by your dental insurance company. I authorize the release of any pertinent information to the insurance company that may be necessary to process my claims. I also authorize my insurance benefits to be paid directly to the dentist if assignment of benefits is permitted.

Signature _____ Date _____

(Parent or Guardian if patient under 18)

Lynnwood Periodontics and Implants
Brian Brancheau, DDS, MSD
4100 194th St SW Suite 209
Lynnwood, WA 98036
www.lynnwoodperio.com
Ph: 425-678-689
Fax: 425-921-6938
Email: info@lynnwoodperio.com