Patient Information

Patients Name: _____ Birthdate: (Mo/Day/Year) _____
Address: _____ State: _____ Zipcode: _____
Phone: (Cell) _____ (Home) _____ (Work) _____
Emergency Contact: _____ Phone: _____Relationship: _____

All information is held in strict confidentiality in accordance with HIPAA, federal and state regulations

---

Medical History

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:

_____

Please list all medications you are currently taking:

_____

_____

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: **Check here if None** ☐

_____

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: 425-678-6897
Fax: 425-921-6938
Email: info@lynnwoodperio.com