MICHAUD
Periodontics & Dental Implants

REGISTRATION FORM **DATE** _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Patient Name_____
First M. Initial Last Name you like to be called

Birthdate _____/_____/_____ Age_____ ☐ Male ☐ Female ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Mailing Address _____ Cell Phone (_____)_____

City, State, Zip _____ Home Phone (_____)_____

Soc. Sec. # _____ E-mail _____
For appointment reminder emails. No spam.

Employer _____ Occupation _____

Work Phone (_____)_____ Is it O.K. to call you at work? ☐ Yes ☐ No

Spouse's Name _____ Occupation _____

Employer _____ Work Phone (_____)_____

Whom may we thank for referring you? _____

In case of emergency, a local relative or friend to be notified (not living at same address).

Name _____ Relationship to Patient _____

Address _____ Phone (_____)_____

DENTAL INSURANCE INFORMATION

Primary Insurance Co. _____ Patient's Relationship to Subscriber:
☐ Self ☐ Spouse ☐ Dependent

Mailing Address _____ Insurance Co. Phone # (_____)_____

City, State, Zip _____ Insurance Group # _____

Subscriber's Name _____ Union Local # _____

Subscriber's ID# _____ Birthdate _____/_____/_____

I give my consent to Michaud Periodontics and Dental Implants to release any of my dental records to my insurance companies, physician, general dentist or any other doctor related to my care. I authorize release of any information to my medical and/or dental insurance companies relating to services with Michaud Periodontics and Dental Implants. I authorize insurance payments to be directly made to Michaud Periodontics and Dental Implants.

Your present dentist _____ City _____ How long? _____

Last dental cleaning _____

Have you ever had previous periodontal (gum treatment)? □Yes □ No

When and by whom _____

Why are you here today? _____

Name of physician _____ City _____ Phone _____

Check if you are allergic or have reacted adversely to any of the following?

□ Dental anesthetics (Novacaine, etc.)	□ Penicillin/Amoxicillin	□ Barbiturates, sedatives, or sleeping pills
□ Valium, Halcion, or other Benzodiazapines	□ Codeine	□ Percodan / Percocet
□ Demerol	□ Vicodin	□ Keflex
□ Ibuprofen	□ Aspirin	□ Tylenol
□ Tetracycline	□ Erythromycin	□ Sulfa drugs
□ Sulfite preservatives	□ Latex	□ Sutures/stitches
□ Cipro/Clinda	□ Iodine	□ Other _____

Have you ever used intravenous (injected) bisphosphonates (*Zometa, Aredia, or Boniva*)?_____

Are you now using or ever used oral (pill) bisphosphonates (*Fosamax, Actonel, or Boniva*)?_____

Do you currently require an antibiotic premedication for dental appointments? _____

Are you on any special diet? _____

Do you currently smoke? Y / N Amount? _____ Have you ever smoked? Y / N If yes, details: _____

Smokeless tobacco / snuff? Y / N

Have you ever had extensive radiation therapy? _____

List all medications you are now taking (Rx, over the counter, or natural/herb supplements)_____

_____

Do you have or have you ever had any of the following diseases or problems? PLEASE CHECK IF YES:

□ Rheumatic fever	□ Rheumatic heart disease	□ Pacemaker	□ Heart murmur
□ Heart trouble	□ High blood pressure	□ Artificial heart valves	□ Artificial joints
□ Prostate disorders	□ Kidney disease	□ Liver disease	□ Hepatitis A / B / C
□ AIDS / HIV positive	□ Asthma	□ Tuberculosis	□ Respiratory (Lung) disease
□ Arthritis	□ Seizures or epilepsy	□ Alcoholism	□ Thyroid or parathyroid disorders
□ Drug addiction	□ Diabetes	□ Stomach ulcers	□ Osteoporosis/Osteopenia
□ Glaucoma	□ Hemophilia	□ Bleeding disorders	□ Sleep disorder
□ Sleep Apnea	□ Cancer	□ Anemia	□ Anxiety
□ Depression	□ Bi-Polar	□ Schizophrenia	

Please describe any other information you feel we should be aware of relative to your health (Surgical/Anesthesia History):

_____

<u>WOMEN:</u>

Are you pregnant? □ Yes □ No If yes, expected delivery date _____

Do you think you might be pregnant? □ Yes □ No

Are you breast-feeding? □ Yes □ No

Are you taking female hormones (oral contraceptives, etc.)? □ Yes □ No

Both the above and on the reverse side are accurate.

_____ **Date** _____/_____/_____

Signature (if patient is a minor, then parent or guardian)