

# Hudson Valley Endodontics

Dr. Alexander Milne

Dr. Magdalena Goralczyk

Practice Limited to Endodontics

31 QUARRY ST

KINGSTON, NY 12401

Phone: (845) 331- 1640 Fax: (845) 338-0242

(Please Circle)

Mr., Mrs., Ms., Miss.,

Patient First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer (Company Name) \_\_\_\_\_ Work/Cell  
Number \_\_\_\_\_

Referring Dentist \_\_\_\_\_ Dental Insurance \_\_\_\_\_

Physician \_\_\_\_\_ Physician phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever had any reaction to dental anesthetic/ Epinephrine? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please*

*explain:* \_\_\_\_\_

Have you been hospitalized within the past 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain:*

Do you have any sensitivity to Latex? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever experienced abnormal bleeding? Yes \_\_\_\_\_ No \_\_\_\_\_

**FOR WOMEN ONLY:** Could you be pregnant now? Yes \_\_\_\_\_ No \_\_\_\_\_

Please **CIRCLE** any of the following which you presently have or have had in the past:

Mitral Valve Prolapse	Liver Disease	Glaucoma
Heart Murmur	Hepatitis	Arthritis
Irregular Heart Beat	Neurological/Psychiatric	Malignancy (Cancer)
Rheumatic Fever	Nervousness (Panic Attacks)	Chemotherapy
Pacemaker	Aids or HIV	Sexually Transmitted Disease
Low Blood Pressure	Asthma	Joint / Hip Replacement
High Blood Pressure	Sinus	Hemophilia
Stroke	Tuberculosis	Chronic Cold Sores
Epilepsy	Ulcers	
Kidney Disease	Diabetes	Other Not Listed _____

Please List ALL Medications that you are currently taking \_\_\_\_\_

Have you ever had a reaction to any medication YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

What type of reaction \_\_\_\_\_

WARNING! Failure to Disclose Any Past/Present Medical Condition May Adversely Affect Your Care.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Parent or guardian if patient is minor)

REVIEWED BY, WITH PATIENT \_\_\_\_\_ DATE \_\_\_\_\_