Allan J. Milewski, D.D.S. Inc.
Patient Health History Form

Name:____
First MI Last Birthdate

Cell: Home Phone: Work Phone:

If we need to contact you, which number is best? ☐ Cell ☐ Home ☐ Work

Have your traveled to the West African Countries of Liberia, Sierra Leone or Guinea in the last 21 days? Y ☐ N ☐

List all medications that you are currently Taking. If no medicines, please write "none".

Y	N	
☐	☐	Have you ever taken Bone density Medications/Bisphosphonates, such as Aredia, Zometra, Fosamax, Actonel?

Are you allergic to any of the following? (please answer yes or no)

Y	N		Y	N		Y	N	
☐	☐	Anesthetic	☐	☐	Iodine	☐	☐	Sulfa
☐	☐	Aspirin	☐	☐	Latex	☐	☐	Epinephrine
☐	☐	Codeine	☐	☐	Penicillin	☐	☐	Seasonal Allergies
☐	☐	Ibuprofen	☐	☐	Amoxicillin			

Other Allergies?

Do You Have or are you being treated for any of the following: (please answer yes or no)

Y	N		Y	N		Y	N	
☐	☐	High Blood Pressure	☐	☐	Thyroid Problems	☐	☐	Atrial Fibulation
☐	☐	Low Blood Pressure	☐	☐	Cancer	☐	☐	Hepatitis A
☐	☐	Heart Murmur	☐	☐	Organ Transplant	☐	☐	Hepatitis B
☐	☐	Heart Valve Problems	☐	☐	Asthma	☐	☐	Hepatitis C
☐	☐	Pacemaker	☐	☐	Kidney Disease	☐	☐	HIV/Aids
☐	☐	By-Pass	☐	☐	Liver Disease	☐	☐	Osteoporosis
☐	☐	Stroke	☐	☐	Bleeding Problems	☐	☐	Psychiatric Treatment
☐	☐	Diabetes	☐	☐	Rheumatic Fever	☐	☐	Ulcers
☐	☐	Joint Replacement	☐	☐	Sinus Trouble	☐	☐	Are You Pregnant?
☐	☐	Stent	☐	☐	Cholesterol	☐	☐	Are You Nursing?

Other Medical Conditions?

List any surgeries or injuries with date of occurrence.