

HISTORY AND PHYSICAL

(2 Pages)

Please Fax or return to:

Office Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Patient Name: _____

Date of Birth: _____

Surgery: Dental Rehabilitation Dental Extractions
Anesthesia: General Anesthesia

Proposed Surgery Date: _____

History:

CHIEF COMPLAINT: _____

ALLERGIES: _____

BLOOD PRESSURE/PULSE: _____

WIEGHT: _____

CURRENT MEDICATION: _____

SURGICAL/MEDICAL HISTORY: _____

SOCIAL/FAMILY HISTORY: _____

Patient name:

Chart number:

PHYSICAL EXAM

PHYSICAL	Please check appropriate block and comment on all abnormal findings		Comments
	Normal	Abnormal	
Review of Systems			
Head, Face Neck and Scalp			
Nose			
Mouth and Throat			
Ears: General			
Drums			
Eyes: General			
Ophthalmoscopic			
Pupils			
Ocular Motility			
Lungs & Chest			
Breasts			
Heart			
Vascular System			
Abdomen			
Endocrine System			
G. U. System			
Upper Extremities			
Lower Extremities			
Spine & other Musculo-Skeletal			
Skin			
Neurologic			
Psychiatric			
Other			

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Patient medically cleared to receive treatment under General Anesthesia

 Yes No

Date History and Physical Exam Completed:

Completed By (Print Name):

Address:

Phone Number:

Signature and date