THE DENTAL ANESTHESIA GROUP

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HISTORY & PHYSICAL EXAMINATION FORM

Patient Name: _____ DOB: _____

Cheif Complaint/History of Present Illness/Pre-Op Dx: _____

Immunizations: □ UTD _____ Allergies: _____

Current Medications: _____

Medical/Surgical History: _____

Family History: □ Negative _____ Social History: □ Non-Contributory _____

ROS: □ Non-Contributory □Negative except for HPI and/or PMH

Vital Signs- BP: / Pulse: Resp: Temp: Weight (kg): Height (in) :

	Normal	Abnormal	Findings if Abnormal
HEENT/ Respiratory			
Neurological			
Cardiovascular/ Circulatory			
Musculoskeletal/ Extremities			
Gastrointestinal/ Genitourinary			
Other			

Clinical Impressions/Plan: _____

Please check <u>ALL</u> boxes provided below to indicate patient is cleared for surgery:

□ **Most recent LABS and Health History Attached**
□ **Patient is an appropriate candidate for planned procedures**
□ **Patient is cleared for dental surgery**

Please indicate your opinion of the patients ASA status below for the anesthesiologist:

□ASA I (healthy/no systemic disease)	**□ASA II** (mild-moderate systemic disease)	**□ASA III** (severe systemic disease/non-incapacitating	**□ASA IV** (severe systemic disease/life threatening)	**□ASA V** (will not survive 24 hours without surgery)

Date (required)	**Time** (required)	**Physician's Signature** (required)	**Physician's Name** (Printed)

<u>By signing this form you indicate the patient is cleared for dental surgery.</u>