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 (lbs / 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 under general anesthesia**

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>