**Preoperative History and Physical Examination**

Patient is scheduled for oral rehabilitation under general anesthesia
please provide a basic but complete history and physical examination

Patient Name:

Date of Birth:

Dentist providing service: Dr. Becker, DDS

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| *Date of last physical:* |
| *Any Scheduled Surgery:* *(other than Dental)* |
| *Perinatal History:* |
| *Past Medical History:* |
| *Past Surgical History:* |
| *Known or Suspected Bleeding Disorder?* |
| *Family History of Anesthesia Complications?* |
| *Allergies:* |
| *Current Medications:* |
| *Physical Exam: BP HR RR Ht Wt General appearance:* |
| *Head and Neck:* |
| *Respiratory:* |
| *Cardiac:* |
| *Abdominal* |
| *Extremities:* |
| *Neurologic:* |
| *Labs if Indicated:* |
| *Assessment and Comments:* |

*Examining physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*