



Children's Dental FunZone
800-717-KIDS
www.cdfzone.com

HISTORY & PHYSICAL EXAMINATION FORM

Patient Name: _____ DOB: _____

Chief 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 ALL 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:

<input type="checkbox"/> ASA I (healthy/no systemic disease)	<input type="checkbox"/> ASA II (mild-moderate systemic disease)	<input type="checkbox"/> ASA III (severe systemic disease/non-incapacitating)	<input type="checkbox"/> ASA IV (severe systemic disease/life threatening)	<input type="checkbox"/> ASA V (will not survive 24 hours without surgery)
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Date (required)	Time (required)	Physician's Signature (required)	Physician's Name (Printed)
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By signing this form you indicate the patient is cleared for dental surgery.