

Name: _____
Date of Birth: _____
Date of Planned Procedure: _____

HPI: _____

Plan: Utilize general anesthesia to manage behavior to allow the recommended dental care to be provided in a safe and effective manner.

PMH: Past Hospitalizations: _____
Past surgery: _____
Chronic Illness: _____
Medications: _____
Allergies: _____
Immunization Status: _____

Height: _____ Weight: _____ Temp: _____ Pulse: _____ B/P: _____

Physical Examination:

General	Skin
Head	Neck
Mouth	Pharynx
Nose	Eyes
L TM	Musc/Skel
R TM	G/U
Abdomen	Neuro
Rectal	Lungs
Cardiovascular	

Comments: _____

Diagnosis: _____

Recommendations: _____

Clinical impression of this child who is scheduled for general anesthesia to manage her behavior for this elective dental care: _____

Signed: _____ Date: _____

****HEALTH & PHYSICAL FORM****
Please fax a completed copy ASAP to
(540) 394-3303 and give the originally
signed copy to parent or guardian.