

PATIENT NAME / DATE OF BIRTH

SHORT FORM HISTORY AND PHYSICAL EXAMINATION (FOR DENTISTRY UNDER GENERAL ANESTHESIA)

Family History	PLEASE FAX ASAP TO 330-800-9549	Date of Examination				
Present Illness Family History Past History and Hospitalizations Birth and Neonatal History Allergies Bleedies DRUG REACTIONS EENT Cardio- Respiratory Genito- Urinary Gastro- Intestinal Neurological PHYSICAL EXAMINATION: T P R BP HT WT SA General Appearance Head Eyes Ears Nose Throat Tonsils Neck Lungs Heart Pulses Abdomen Genitalia Rectal Extremities Neurological Impression or Admission Additional Information	Chief Complaint					
Family History	Present Illness					
Birth and Neonatal History						
Birth and Neonatal History						
Birth and Neonatal History	Family History					
Allergies	Past History and Hospitalizations					
Allergies						
Allergies						
Allergies						
Allergies	Birth and Neonatal History					
Bleeding Tendencies			ations			
EENT						
Cardio- Respiratory Genito- Urinary Gastro- Intestinal Neurological PHYSICAL EXAMINATION: T P R BP HT WT SA General Appearance Head Eyes Ears Nose Throat Tonsils Neck Lungs Heart Pulses Abdomen Genitalia Rectal Extremities Neurological Impression or Admission Additional Information						
Genito- Urinary Gastro- Intestinal Neurological PHYSICAL EXAMINATION: T P R BP HT WT SA General Appearance Head Eyes Ears Nose Throat Tonsils Neck Lungs Heart Pulses Abdomen Genitalia Rectal Extremities Neurological Additional Information	Cardio- Respiratory					_
Gastro- Intestinal Neurological PHYSICAL EXAMINATION: T P R BP HT WT SA General Appearance Head	Genito- Urinary					
Neurological PHYSICAL EXAMINATION: T P R BP HT WT SA General Appearance Head Eyes Ears Nose Throat Tonsils Neck Lungs Heart Pulses Abdomen Genitalia Rectal Extremities Neurological Impression or Admission Additional Information	Gastro- Intestinal					
PHYSICAL EXAMINATION: T P R BP HT WT SA General Appearance Head Eyes Ears Nose Throat Tonsils Neck Lungs Heart Pulses Abdomen Genitalia Rectal Extremities Neurological Impression or Admission Additional Information	Neurological					
General Appearance						
Head	PHYSICAL EXAMINATION: T P	R	BP HT	WT	SA	
Head	General Appearance					
Ears Nose Throat Tonsils Neck Lungs Heart Pulses Abdomen Rectal Extremities Neurological Impression or Admission Additional Information	Head	Eyes				
Throat Tonsils						
NeckLungs	Throat	Tonsils				
Heart	Neck	Lungs				
Abdomen	Heart	Pulses				
Genitalia	Abdomen					
ExtremitiesNeurological Impression or Admission Additional Information						
Impression or AdmissionAdditional Information						
Additional Information	Extremities	Neurolog	ıcaı			
Additional Information	Impression or Admission					
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