

Patient Name: Last

First

Middle

Allergies & Drug Reactions: _____

Chief Complaint/Reason for Surgery: dental caries

Details of Present Illness: _____

Current Medications (name, dose, frequency): _____

Past Medical/Surgical History (hospitalizations, operations, anesthesia, injuries, illnesses): _____

Relevant Past Psycho/Social & Family Histories (appropriate to patient's age): _____

Pertinent Lab Data: _____

Review of Systems:

Systems	Positive Findings	Negative Findings
EENT		
Cardiovascular		
Pulmonary		
Hepatic		
GI		
Urinary Tract		
Reproductive		
Musc-Skeletal		
Nervous System		
Endocrine		
Skin		

Explain Positive Findings: _____

Conclusions/Impressions: _____

Plan (including type of anesthesia) full dental restoration with general anesthesia

Date

Signature

M.D./D.D.S



Carolina's HealthCare System

HISTORY AND PHYSICAL

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