

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Gender: M / F

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

**PHYSICAL EXAMINATION**

HEIGHT (INCHES/CM): \_\_\_\_\_

WEIGHT: \_\_\_\_\_ lbs \_\_\_\_\_ kg

TEMPERATURE: \_\_\_\_\_

BP: \_\_\_\_\_

PULSE: \_\_\_\_\_

**HISTORY**

REASON FOR VISIT: DENTAL SURGERY WITH ANESTHESIA

HISTORY OF PRESENT ILLNESS: \_\_\_\_\_

PAST HOSPITALIZATIONS/SURGERIES: \_\_\_\_\_

SOCIAL HISTORY: \_\_\_\_\_

PAST ANESTHETIC PROBLEMS AND PERTINENT FAMILY HISTORY: \_\_\_\_\_

PROBLEM LIST/DIAGNOSIS: \_\_\_\_\_

**ALLERGIES/SENSITIVITIES/ADVERSE REACTIONS**

NKDA/Sensitivities

Chronic Steroid use: \_\_\_\_\_

**MEDICATIONS**

(PRESCRIPTION/OVER-THE-COUNTER/HERBAL)

I am not taking any medications/herbal supplements/otc medications

NAME	DOSAGE	LAST DOSE (DATE/TIME)	DATE STARTED

## GENERAL APPEARANCE AND MENTAL STATUS

	NORMAL	NOT NORMAL	COMMENTS
HEAD/NECK			
AIRWAY			
CARDIAC			
LUNGS			
ABDOMAN			
EXTREMITIES			
NEURO			

### CARDIOVASCULAR

None of the below cardiovascular conditions apply			
		<b>Angina within past 30 days</b>	<b>Pacemaker/AICD</b>
		<b>MI within past 6 months</b>	<b>Revascularization/amputation for PVD</b>
		<b>CHF within past 30 days</b>	<b>Leg rest pain/gangrene</b>
		<b>Valvular Disease</b>	<b>Absent peripheral pulses</b>
		<b>Previous PTCA</b>	<b>Hypertension requiring medication</b>

Comments:

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### PULMONARY

None of the below pulmonary conditions apply			
		<b>Cigarette smoker within 1 year</b>	<b>Pack/years</b>
		<b>History of COPD/Emphysema</b>	<b>Co2 Retainer</b>
		<b>Dyspneic at rest</b>	<b>Steroid Dependent</b>
		<b>Current Pneumonia</b>	<b>Ventilator dependent &gt;48 hours</b>
		<b>Asthma</b>	<b>Pulmonary Hypertension</b>
		<b>Sleep Apnea</b>	<b>History of Bronchitis</b>

Comments:

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### NEUROLOGICAL

None of the below neurological conditions apply			
		<b>Impaired Sensorium</b>	<b>Transient ischemic attack (deficit &lt; 30mins)</b>
		<b>Severe head trauma</b>	<b>Neuromuscular degenerative disease</b>
		<b>Quadriplegia</b>	<b>Tumor involving CNS</b>
		<b>Paraplegia</b>	<b>Seizure disorder</b>
		<b>Hemiplegia</b>	<b>Coma</b>
		<b>CVA w/o current Neuro deficit (deficit &gt;30 min but resolved)</b>	

Comments:

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## OTHER SYSTEMS

<b>None of the below conditions apply</b>	
<b>Esophageal varices</b>	<b>Ascites</b>
<b>Acute Renal Failure</b>	<b>Currently on Dialysis</b>
<b>Diabetes</b>	<b>ETOH(&gt;2 drinks/day within last 2 weeks)</b>
<b>Drug Abuse</b>	<b>GE Reflux</b>
<b>Nausea and/or Vomiting</b>	<b>Difficulty Chewing and/or Swallowing</b>
<b>Modified Diet</b>	<b>10% Weight loss last 6 months or 5% in 1 month</b>
<b>Disseminated Cancer</b>	<b>Chemotherapy for malignancy within 30 days</b>
<b>Radiotherapy for malignancy within 90 days</b>	<b>Bleeding Disorder</b>
<b>Transfusion &gt; 4 RBC this admission</b>	<b>Open Wound</b>
<b>Preoperative Sepsis</b>	<b>Active Hepatitis</b>
<b>Heptomegaly</b>	

Comments:

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## FUNCTIONAL STATUS:

- INDEPENDENT     
  PARTIALLY DEPENDENT     
  TOTALLY DEPENDENT  
 PATIENT IS A CHILD AND LIVES WITH PARENT/GUARDIAN

## LABS & STUDIES

- No laboratory studies required

Please attach any pertinent laboratory values or other studies including: CBC, Creatinine, bun/CR, B.M> Panel, LFT's, PT/INR, and EKG

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Date

**Please return completed form to UNMMG Dental ASC fax: 505-925-7917 phone: 505-925-7918**  
**1801 Camino de Salud NE Suite 1100 Albuquerque NM 87102**