

Woodinville Pediatric Dentistry
Rama Oskouian, DMD, MPH

Pre-Operative Health History and Physical Exam

General Anesthesia Sedation

Patient Name: _____ DOB: _____

Age: _____ Sex: M F

Date of H&P exam: _____

Current medications: _____

Past surgeries: _____

Past medical history: _____

Childhood illnesses: _____

Allergies: _____

Family history: _____

Social history: _____

Review of systems:

Height: _____ Weight: _____ BP: _____

Temp: _____ Pulse: _____ Resp: _____

Please check box if within normal limits.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Head | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Skin |

Please describe any conditions that fall outside of normal limits:

Is the patient's health satisfactory for general anesthesia/sedation?

Yes **No**

Physician's Signature: _____ Date: _____

Name : _____ Phone : _____

Please FAX to Woodinville Pediatric Dentistry: 425-402-8394

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