VIRGINIA DENTAL & ANESTHESIA ASSOCIATES
a multispecialty practice

History and Physical Exam

Pt. Name:_____
DOB:_____
Allergies:_____
_____

Ht:_____**Wt**:_____**BP**:_____

Surgical HX:
_____
_____
_____

Anesthesia HX:
_____
_____

Past Medical History:

Heart Disease / Murmur	Yes	No
MI / Angina	Yes	No
Pacemaker / ACID	Yes	No
High / Low BP	Yes	No
Asthma	Yes	No
COPD	Yes	No
TB	Yes	No
Chronic / Frequent Cough	Yes	No
Stroke / Blackouts	Yes	No
Seizures	Yes	No
Diabetes	Yes	No
Arthritis	Yes	No
GI Problems	Yes	No
Urinary Problems	Yes	No
ETOH	Yes	No
Tobacco	Yes	No
Drug Use	Yes	No

Current Systems Review:

HEENT:	*Normal*	*Abnormal*
HEART:	*Normal*	*Abnormal*
LUNGS:	*Normal*	*Abnormal*
GI:	*Normal*	*Abnormal*
NEURO:	*Normal*	*Abnormal*

Current Medications:_____
_____
_____
_____

Comments:_____
_____
_____
_____
_____
_____

Exam Date:_____

Doctor Sign:_____

Have the completed H & P at the VDAA office prior to the date of surgery

Fredericksburg *VDAA* office: 540-785-1340 FAX
Richmond *VDAA* office: 804-273-0347 FAX