

**Febres Dentistry for Children, PA**

2000 S. Dairy Ashford Rd. Suite 530. Houston TX 77077

Tel: 281-597 0404 / Fax: 281-598 0194

frontdesk@febresdds.com

**Treating anesthesiologist:**

Dr. Jason Sherrell

Tel: 281-703 9686 / Fax: 936-588 5076

Sherrelldmd@gmail.com

**PEDIATRIC PRE-PROCEDURE HISTORY AND PHYSICAL**

**DATE:** \_\_\_\_\_ **PATIENT NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_  MALE  FEMALE **HT:** \_\_\_\_\_ **WT:** \_\_\_\_\_

**CHIEF COMPLAINT:** medical clearance, IV sedation for dental procedure **DATE OF TX:** \_\_\_\_\_

**HX OF PRESENT ILLNESS:** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**OVER THE COUNTER/HERBAL:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**PAST MEDICAL HISTORY:** \_\_\_\_\_

**HOSPITALIZATIONS:** \_\_\_\_\_

**SURGERY:** \_\_\_\_\_

**SERIOUS ILLNESS:** \_\_\_\_\_

**ANESTHESIA HISTORY:** \_\_\_\_\_

**RISK FACTORS FOR ANESTHESIA:** \_\_\_\_\_

**REVIEW OF SYSTEMS:** Check if negative

	Neg		Neg	Comments
HEARING	_____	CARDIAC	_____	_____
VISION	_____	SKIN	_____	_____
ENT	_____	ORTHOPEDIC	_____	_____
ASTHMA	_____	NEURO	_____	_____
GI	_____	GU	_____	_____

**PHYSICAL EXAM:**

**VITAL SIGNS:** T \_\_\_\_\_ PULSE \_\_\_\_\_ RESP \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

**EYES** \_\_\_\_\_ **EARS** \_\_\_\_\_ **NOSE** \_\_\_\_\_ **THROAT** \_\_\_\_\_ **SKIN** \_\_\_\_\_ **NODES** \_\_\_\_\_

**CHEST** \_\_\_\_\_ **HEART** \_\_\_\_\_

**ABD** \_\_\_\_\_ **GU** \_\_\_\_\_

**EXT** \_\_\_\_\_ **NEURO** \_\_\_\_\_

**IMPRESSION:** \_\_\_\_\_ **CLEARED FOR PROCEDURE:**  Y  N

**PLAN:** \_\_\_\_\_

**PHYSICIANS SIGNATURE:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**\*\*\* FAX TO FEBRES DENTISTRY FOR CHILDREN: 281 -598 01 94**