

Medical History and Physical Review

Dr. Brian Chanpong Inc.

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V5Z 1H8

Phone: 604.872.5977

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Patient's Name _____ Date of Birth _____

Address _____

Phone: Day () _____ Evening () _____

Instructions to Patient or Guardian

1. Please fill out the information above.
2. Please bring this form to your family physician and ask to have the form completed.
3. Please fax or have the physician's office fax this form to the office prior to your appointment for anesthesia.

Dear Doctor,

Your patient is scheduled for dental surgery under general anesthesia on (date) _____.

Would you kindly complete this history and physical examination form and fax it back to us at your earliest convenience.

Sincerely,

Dr. Brian Chanpong

<i>Past Illnesses</i>	previous surgeries / Other	<i>Family History</i>	Anesthesia Problems / Other
<i>Allergies</i>		<i>Medications</i>	
<i>Functional Inquiry</i> Cardiac		Respiratory	Other

please note: Any undiagnosed heart murmurs must be investigated prior to their general anesthetic. Please refer the patient to the murmur clinic at BC Children's hospital for further investigation if one is detected.

<i>Physical Exam</i>			
BP _____	Pulse _____	Head and Neck _____	Cardiac _____
Rhythm _____		Respiratory _____	Liver _____
		Kidneys _____	GI _____
Height _____	Weight _____ (Kg)	Endocrine _____	Musculoskeletal _____
		Other _____	

<i>Additional Comments:</i>	Physician Signature / Stamp
	Date _____