



Angela E. Pinkerton, DMD Board Certified Pediatric Dentist
575 Rivergate Lane, Suite 98
Durango, CO 81301
p. 970-259-0600 f. 970-259-0788 www.durangokids.com

History and Physical Examination for In-Office Dental Conscious Sedation

Patient Name: _____ DOB: _____

Chief Complaint: Dental Caries Present Illness: _____

Current Medications: _____

Previous Medical History: (Including allergies or reactions to medication)
None/Date and Type: _____

Family History: No signification family history
FH significant for: _____

Review of symptoms: No significant problems
Significant ROS problems: _____

Physical Exam: Vital Signs: Ht _____ Wt _____ BP ____ / ____ P ____ T _____

HEENT	WNL _____	Comments _____
Neck	WNL _____	Comments _____
Chest	WNL _____	Comments _____
Heart	WNL _____	Comments _____
Abdomen	WNL _____	Comments _____
Extremities	WNL _____	Comments _____
Neurological	WNL _____	Comments _____
Airway Assessment	WNL _____	Comments _____

Impressions and recommendations: (Include ASA Classification) _____

Date

Signature of Provider

Office Phone

Printed Name