



## Medical Clearance for Anesthesia

Patient Name:	Date:
Procedure:	
Date of surgery:	

### To whom it may concern,

#### We are requesting the following:

- H & P to be completed within 30 days of the above date of surgery
- Certify a medical clearance as indicated on the history and physical form provided
- A cardiac clearance, if the patient has a significant cardiac history
- An EKG (if the patient is over 50 or with a cardiac history), done within 6 months of the above date of surgery
- Hemoglobin and Hematocrit and Basic Metabolic Panel, completed within 30 days of the above date of surgery

#### Please advise the patient to:

- Discontinue all herbal supplements. Surgery will be cancelled if the patient is taking certain high-risk supplements such as phentermine.
- Discontinue diuretics morning of surgery
- Continue or modify diabetes medications, per your judgment
- If the patient is on Coumadin or other blood thinners, may the patient discontinue for the surgery?

Please fax or scan the completed H & P and all accompanying documents to,

**Capital Children's**  
**Fax: (301) 494-3333**  
**Email: [info@capitalchildrens.com](mailto:info@capitalchildrens.com)**

If you should have any questions or concerns, please feel free to contact us at,

**Capital Children's**  
**1220 Caraway Ct.**  
**Upper Marlboro, MD. 20774**  
**Phone: (301) 494- 3000**  
**Fax: (301) 494-3333**  
**Email: [info@capitalchildrens.com](mailto:info@capitalchildrens.com)**

Thank you

## History and Physical for Dental Treatment under General Anesthesia

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sex	Race	Age	Height	Weight & BMI	BP	Pulse	Resp	Temp

Review of Systems (Check ALL that apply OR check None)

**Cardiovascular:**  None

- Congenital Heart dz
- Hypertension
- Angina/Chest Pain
- MI/CAD
- CHF
- Arrhythmia/palpitations
- Pacemaker/AICD
- Valvular Disease
- CABG/Cardiac Surgery
- Coronary Stent
- Poor Exercise Tolerance
- PVD
- Other \_\_\_\_\_

**Hematologic:**  None

- Anemia
- Sickle Cell/ or Trait
- Bleeding Disorder
- Cancer
- Chemotherapy
- Other \_\_\_\_\_

**Pulmonary:**  None

- Asthma/RAD
- COPD/Emphysema
- Smoking History
- SOB
- Sleep Apnea/Snoring
- CPAP
- Cough
- Wheezing
- PND/Orthopnea
- URI
- Other \_\_\_\_\_

**GYN:**  None

- Pregnant
- LMP \_\_\_\_\_

**Kidney/Renal:**  None

- Kidney Disease

**Neurological:**  None

- TIA or stroke
- Seizures
- Cerebrovascular Disease
- Dementia
- Osteoarthritis
- Rheumatoid Arthritis
- Psychiatric Disorder
- Neuromuscular Disease
- Syncope
- Shunt
- Other \_\_\_\_\_

**Anesthesia Airway:**  None

- Family Hx Anest issues
- Previous Anest issues
- Psychological:**  None
- Autism or  Asperger's
- PDD or NOS
- ADHD or ADD

**Other:**  None

- Hiatal Hernia
- Reflux
- Hepatitis Type \_\_\_\_\_
- Cirrhosis
- Thyroid Disease
- Recent Steroid Use
- Obesity
- Diabetes Type I
- Diabetes Type II
- Other \_\_\_\_\_

**Pediatrics:**  Normal

- Recent URI/Illness
- Developmental Delay
- Prematurity
- Congenital Anomaly
- Other \_\_\_\_\_

**Medication Reconciliation**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

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Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Allergies/RXN**

Medication/Seasonal/Foods

**Surgical Hx** \_\_\_\_\_

**General Appearance:** \_\_\_\_\_

**HEENT:**  PERRLA  EOMI  No Lymphadenopathy  No JVD  O/P MNL  Thyroid Abnormal

**Cardiovascular:**  RRR S1S2  S3  S4 Abnormal \_\_\_\_\_

**Pulmonary:**  Lungs CTA B/L Abnormal \_\_\_\_\_

**GI:**  Abd Benign-Normoactive BS  No Hepatosplenomegaly Abnormal \_\_\_\_\_

**Extremities:**  No Clubbing  No Cyanosis  No Edema Abnormal \_\_\_\_\_

**Musculoskeletal:**  NML Muscle Tone  NML Strength Abnormal \_\_\_\_\_

**Neurological:**  CN II-XII  DTR Intact and equal bilaterally  NML Mental Status Abnormal \_\_\_\_\_

**I certify I have completed the patient's history and physical. I clear this patient for General Anesthesia.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Office Name:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_