

Dr. Gino Gizzarelli*

BScPhm, DDS, MSc (Dental Anaesthesia)
ANAESTHESIA for DENTISTRY
 (416) 839-4777

Medical History and Physical Review

Patient's name:	Instructions to Patient or Guardian 1. Please fill out the information on the left 2. Please bring this form to your family physician and ask to have it completed 3. Please return this form to the office prior to yours or your child's appointment for anaesthesia
Date of Birth:	
Guardian's Name (if applicable):	
Relationship to Patient:	
Address:	
Telephone No. Day:	
Evening:	
Dentist's name:	

Dear doctor,

Your patient is scheduled for dental treatment with sedation or general anaesthesia on (date) _____ . Please complete this history and physical examination form. For patients with a cardiac history or over the age of 50, please send us (if available) the following lab work: haemoglobin, electrolytes, creatinine and ECG. Any other information or commentary is appreciated. Please contact me if I may be of any assistance. **I greatly appreciate your time and effort.**

Thank you, Gino Gizzarelli

Allergies	Medications		
Functional Inquiry:	Cardiac	Respiratory	Other
Past Illnesses, Previous Surgeries	Other	Family History Anaesthesia Problems	Other
Physical Exam		Physician Signature / Stamp	
BP	Head and Neck		Date:
Pulse	Heart		
Rhythm	Lungs		
CNS	Abdomen: GI,		
Height	Liver/kidneys		
Weight	Musculoskeletal		
Additional Comments:			

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