



Eastern
Health

Janeway Pediatric Dentistry
300 Prince Philip Drive
St. John's, NL
Canada A1B 3V6
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dentistry@easternhealth.ca

Please have the History and Physical form attached completed by a Physician and bring it with you to your OR appointment.

The History and Physical expires two months after it is completed.

If you have any questions or concerns please feel free to contact me.

Thank you,

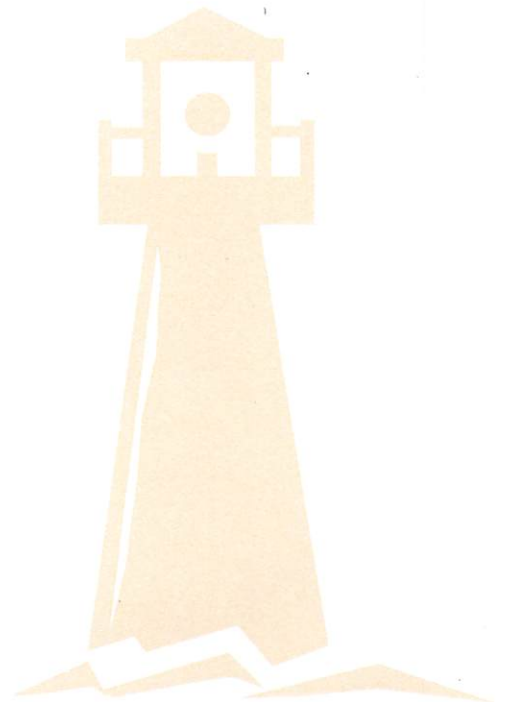
Janelle Clarke

Janeway Children's Health & Rehabilitation Centre

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**Eastern
Health**

Child/Women's Health Program

History and Physical Dental Clinic



Name: _____

HCN: _____

Date of Birth: _____

Date: DD/MONTH/YYYY

Past Admissions: _____

Past History (including Allergies): _____

History of Present Illness: _____

Family History: _____

PHYSICAL

General Appearance: _____

Head: _____

Heart: _____

Lungs: _____

Abdomen: _____

Lymphatic System: _____

Genitalia: _____

Extremities: _____

Diagnosis: _____

Proposed Operation: _____

Additional Information: _____

Physician's Name : _____

Physician's Signature: _____