



Eastern  
Health

Janeway Pediatric Dentistry  
300 Prince Philip Drive  
St. John's, NL  
Canada A1B 3V6  
T:709-777-4353  
F:709-777-4171  
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,

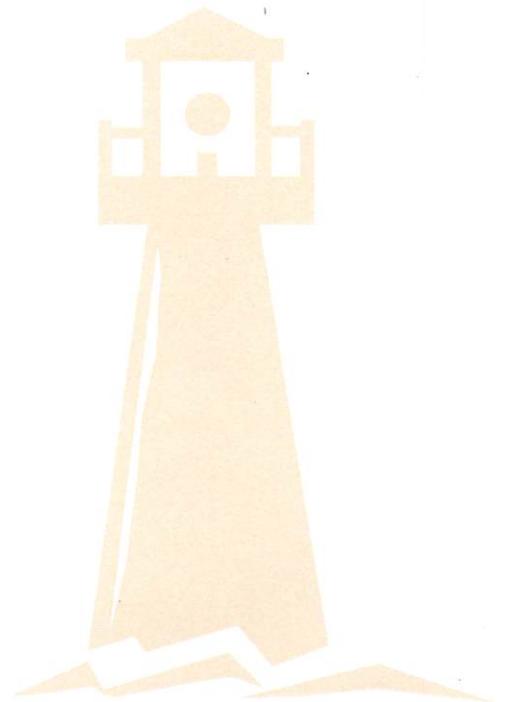
Janelle Clarke

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 (DD/MONTH/YYYY) \_\_\_\_\_

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: \_\_\_\_\_