



# r.a.campbell

## DENTISTRY

112 King Street East Bowmanville ON L1C1N5

(905) 623 -9383 fax (905) 623-9331

[drcampbell@hotmail.ca](mailto:drcampbell@hotmail.ca)

### History and Physical

To be completed by your family physician

Patients Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Past Medical and Surgical History:

Medications:

Allergies:

Lab Investigations (i.e. EKG, CBC, etc., if done)

Please include copies if done

Social History:

Physical Exam:

Vitals: HR: BP: sat (if done):

Head and Neck:

Chest:

CVS:

Abdomen:

MSK/CNS:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ MD/RN