

# **Oral and Maxillofacial Surgery Rotation**

## **Focused History and Physical Exam**

**Date / Time / Patient Category** (walk in, postop, follow up etc)

**Chief Complaint** (in patient's words)

**History of Present Illness**

**Past Medical History**

**Past Surgical History** (include anesthesia related problems )

**Meds**

**Allergies** (include the nature of the reaction e.g. rash, anaphylaxis)

**Social History** (include smoking, recreational drug use and alcohol consumption)

**Exam**

- General
- Regional (Head and Neck)
- Intraoral

**Radiographic findings**

**Assessment** (medical and dental including ASA category)

**Plan**

**Signature / printed last name**