

**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Were you referred by another doctor? DR** \_\_\_\_\_

**Do you have a family/primary care doctor? DR** \_\_\_\_\_

**QUESTIONS ABOUT TODAY'S APPOINTMENT**

Reason for Appointment: \_\_\_\_\_

How long have you had this problem? \_\_\_\_\_

Previous treatment: \_\_\_\_\_

Comments: \_\_\_\_\_

If female, are you pregnant?  YES  NO

**PATIENT MEDICAL HISTORY**

Are you allergic to medications?  NO  YES, to what \_\_\_\_\_

**EAR, NOSE AND THROAT SYSTEM REVIEW**

**CHECK ALL THAT APPLY**

- EAR:**  Pain  Vertigo  Ringing  
 Hearing Loss  Noise Exposure  Wax Impaction  
 Drainage  History of Infection
- NOSE:**  Bleeding  Postnasal Drainage  Obstruction  
 Previous Injury  Congestion  Stuffiness
- THROAT:**  Sore Throat/  
Difficulty Swallowing  Cough  Hoarseness
- ALLERGY/SINUS:**  Headaches  Facial Pressure  Asthma  
 Sneezing  Itchy/Watery Eyes  Frequent Infections
- SLEEP PATTERNS:**  Airway Obstruction  Daytime Fatigue  Snoring
- SKIN LESIONS/CANCER:** \_\_\_\_\_
- CONSTITUTIONAL:**  Fever  Weight Loss
- SKIN:**  Rashes  Hair Change  Itching
- EYES:**  Glaucoma  Visual Changes  Double Vision
- CARDIOVASCULAR:**  Heart Attack  Heart Diseases  Chest Pain  
 High Blood Pressure  Irregular Heartbeat
- RESPIRATORY:**  Pneumonia  Emphysema  Bronchitis
- GASTROINTESTINAL:**  Ulcers/Colitis  Nausea  Diverticulitis  
 Indigestion  Diarrhea
- MUSCULOSKELETAL:**  Rheumatoid Arthritis  Neck Injury
- NEUROLOGICAL:**  Dizziness  Weakness/Numbness  Migraines  
 Fainting  Seizures  Strokes
- ENDOCRINE:**  Thyroid  Sweating  Diabetes
- ALLERGIC/IMMUNOLOGIC:**  Skin Rash/Infections  Allergy Injections

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

## PAST MEDICAL, FAMILY AND SOCIAL HISTORY

CHECK ALL THAT APPLY

CHILDHOOD ILLNESS:     Measles/Rubella     Mumps     Chicken Pox

MAJOR ILLNESSES/INJURIES: \_\_\_\_\_  
\_\_\_\_\_

IMMUNIZATIONS:     Tetanus                     MMR             DPT

SURGERIES:            Tonsils/Adenoids    Approximate Date: \_\_\_\_\_  
                   Thyroid                Approximate Date: \_\_\_\_\_

### OTHER HOSPITALIZATIONS:

Reasons/Dates: \_\_\_\_\_

FAMILY HISTORY:    Allergies                    Asthma                    Thyroid  
                           Diabetes                    Anesthesia Problems    Hearing Loss  
                           Head/Neck Cancer        Bleeding Disorders

### PRESENT MEDICATIONS:    (LIST DOSAGE AND FREQUENCY)

\_\_\_\_\_ dose \_\_\_\_\_ times per day \_\_\_\_\_  
\_\_\_\_\_ dose \_\_\_\_\_ times per day \_\_\_\_\_  
\_\_\_\_\_ dose \_\_\_\_\_ times per day \_\_\_\_\_  
\_\_\_\_\_ dose \_\_\_\_\_ times per day \_\_\_\_\_  
\_\_\_\_\_ dose \_\_\_\_\_ times per day \_\_\_\_\_

### SOCIAL HISTORY:

TOBACCO:                    None                    Packs per day            Chewing    \_\_\_\_\_ Years

ALCOHOL:                    None                    Rare                    Social        \_\_\_\_\_ Amount

DRUG USE/HISTORY:        Yes                    No

REVIEWED WITH PATIENT: \_\_\_\_\_

## DOCTORS USE ONLY

DATA:    X-Rays            Bloodwork            Cultures            Audio

SPECIAL: \_\_\_\_\_  
\_\_\_\_\_

COMPLEXITY DATA:	Min	Low	Med	High
RISKS - COMPLICATIONS:	Min	Low	Med	High
MORTALITY:	Min	Low	Med	High
PRESENTING PROBLEM:	Min	Low	Med	High

DIAGNOSIS: \_\_\_\_\_

MANAGEMENT: \_\_\_\_\_

DISCUSSED:    CT Scans     RAST Testing    Literature/Handouts provided

RETURN:        Days    Weeks    PRN with instructions

\_\_\_\_\_