

UPIN: 380263

Start Time1: 12/02/2016

SECTION: DEMOGRAPHICS

SECTION: CHIEF COMPLAINT

SECTION: DETAILS ABOUT YOUR SYMPTOMS

SECTION: CHARACTERISTIC EVENT

SECTION: RECEIVED MEDICAL INTERVENTION(S) FOR SMELL AND TASTE DISORDERS

SECTION: EAR NOSE AND THROAT SYMPTOMS

236. We will now ask you several questions about other symptoms that might be associated with smell or taste problems. Are you also experiencing any issues with your ear(s) or hearing?
No.

SECTION: MEDICAL HISTORY AND OTHER HEALTH ISSUES

SECTION: PAST SURGICAL HISTORY

SECTION: MEDICATION

274. Are you currently taking any medications ?

Yes.

275. Do you take any medications to treat the following conditions? (check all that apply)

Fungal infection (e.g. fingernail or toenail fungal infection).

Inflammation.

Epilepsy.

SECTION: ALLERGIES

SECTION: FAMILY HISTORY

SECTION: OTHER SYMPTOMS

SECTION: EXPOSURE TO CHEMICALS

SECTION: RISK AT WORK AND IN DAILY LIFE

SECTION: TABACCO

SECTION: ALCOHOL