Ear, Nose, & Throat

Sinus and allergy disorders

Sinus surgery

Sublingual immunotherapy

Sleep & snoring disorders

Radiofrequency & laser treatments

Head & neck surgery

Skin cancer

Speech & swallowing disorders

Ear disorders & surgery

Voice disorders

Balance disorders

Thyroid surgery

Pediatric ear, nose, & throat disorders

Audiology

Hearing evaluations

Hearing aids

Balance testing & treatment

Newborn hearing screening

Facial Plastic/Cosmetic

Facial plastic surgery

Non-invasive facial treatments

Botox/Restylane

Laser skin resurfacing

Hair removal

Skin care

Laser vein therapy

www.ENTandAllergySpecialists.com

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

**Referring Physician**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DOB**:\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please list ALL MEDICATIONS: (including over-the-counter) that you are currently taking and the reason you are taking them**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug**: | **Dose:** | **Times A Day** | **Reason you take it**: |
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1. **PAST MEDICAL HISTORY**: (please check all that apply)

HEART DISEASE ASTHMA DIABETES COPD HEPATITIS STROKE

BLEEDING DISORDER HIGH BLOOD PRESSURE

Please list any other conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PAST SURGICAL HISTORY**: (please list any surgeries that you have ever had)

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| **Surgery** | **Year** | **Comments** |
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1. **OCCUPATIONAL HISTORY**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5) **SOCIAL HISTORY**: do you ever drink alcohol? Y/N occasionally weekly daily

do you use tobacco of any kind? Y\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_\_\_ what kind?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) **FAMILY HISTORY**: HEART DISEASE ASTHMA DIABETES COPD HEPATITIS

STROKE BLEEDING DISORDER HIGH BLOOD PRESSURE

please list any illnesses in the family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Disease** | **Family** **Member** | **Comments** |
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7) **ALLERGIES**:

1. **LATEX ALLERGY: YES OR NO**

2. **PENICILLIN** **SULFA** **ERYTHROMYCIN**  **CODEINE** **NONE**

3. **Please list any other allergies**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) **PLEASE SIGN HERE**:

**The above responses are accurate to the best of my knowledge**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Signature if over 18**) (**Date**)

**If you are not the patient**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(please print your name) (relationship to patient)**

**PLEASE DO NOT WRITE BELOW THIS LINE**

**DATE UPDATED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **REVIEWED BY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BJB** **LVC** **PBS** **JEG** **SJT** **CFA** **LHB** **SEP** **LRP** **RRM**

9/2/2011