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

**REVIEW OF SYSTEMS**

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

**Review of Systems :**

**1) *Please check all problems that you have OR Please check "None"***

**Constitutional:** *□None*

□fevers (how high? \_\_\_\_)□chills □loss of appetite □hair loss

□ Unexplained weight (circle) GAIN/LOSS;

if yes-when? \_\_\_\_\_\_\_ how much?\_\_\_\_\_

**EYES:** *□None*

□pain □vision changes □double vision □itching

**ENT:** *□None*

**Ear:** □pain □discharge □lump □hearing loss □tinnitus **(circle one)** left/right/both

**Nose:** □pain □discharge □lump □loss of smell □stuffy **(circle one)** left/right/both

**Mouth:** □pain □discharge □lump □loss of taste □cavities □dentures

**Throat:** □pain □lump □thick mucus □tickle □cough □trouble swallowing □hoarse voice

**Cardiovascular:** *□None*

□chest pain □history of heart attack □shortness of breath □leg cramps

□irregular heart beat □history of heart disease/coronary artery disease

**Respiratory:** *□None*

**□**cough **□**sputum □wheezing □asthma □COPD □pneumonia

**□**tuberculosis

**GI:** *□None*

□nausea □diarrhea □constipation □blood in stool □hepatitis □vomiting

**Urinary:** *□None*

□kidney stones □bladder infections □frequent urination

□difficult urination □bloody urine □bladder cancer □painful urination

**Neuro:** *□None*

□history of stroke □headache □weakness □seizures □vision changes

□double vision □cataracts

**Musculoskeletal:** *□None*

□joint pain□joint swelling □muscle pain □swelling □stiffness

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**REVIEW OF SYSTEMS** cont.

**Skin:** *□None*

□birthmark (where?\_\_\_\_\_\_\_\_\_\_) □rash(where?\_\_\_\_\_\_\_\_\_\_)

□lesions (where?\_\_\_\_\_\_\_\_\_\_)

**Psychiatric:** *□None*

□anxiety □depression □mood swings □other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Endocrine:** *□None*

□always cold/hot □hot flashes □irregular periods □frequent sweating

**Hematologic:** *□None*

□easy bruising □history of anemia □lethargy

**Allergic/Immuno:** *□None*

□sneezing □itching □runny nose □frequent colds/infections

□history of AIDS

**2) *Please sign here:***

The responses above 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 the patient***)

**PLEASE DO NOT WRITE BELOW THIS LINE**

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

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

10/8/2011