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Diseases of the Ear, Nose and Throat
Surgery of the Head and Neck
Facial Plastic Surgery
Treatment of Sleep Disorders

PATIENT MEDICAL HISTORY

052-096P (10-14)

INSTRUCTIONS: PLEASE ANSWER ALL QUESTIONS ON THIS MEDICAL HISTORY FORM.

Patient:_____ AGE:_____ DOB:_____ DATE:_____

CONSTITUTIONAL SYMPTOMS

Good general health lately	☐ NO	☐ YES

EYES

Visual changes	☐ NO	☐ YES
Double vision	☐ NO	☐ YES
Eye Pain/Irritation	☐ NO	☐ YES
Excess tearing	☐ NO	☐ YES

CARDIOVASCULAR

Chest Pain	☐ NO	☐ YES
Leg Pain with walking	☐ NO	☐ YES
Palpitations	☐ NO	☐ YES

RESPIRATORY

Chronic or frequent coughs	☐ NO	☐ YES
Shortness of Breath	☐ NO	☐ YES
Hoarseness	☐ NO	☐ YES

GASTROINTESTINAL

Loss of Appetite	☐ NO	☐ YES
Vomiting	☐ NO	☐ YES
Regurgitation of meals	☐ NO	☐ YES
Black tarry stools	☐ NO	☐ YES
Difficulty swallowing	☐ NO	☐ YES

NEUROLOGICAL

Headaches	☐ NO	☐ YES
Lightheaded or dizzy	☐ NO	☐ YES

PSYCHIATRIC

Depression	☐ NO	☐ YES
Other Psychiatric problems	☐ NO	☐ YES

ENDOCRINE

Heat or Cold intolerance	☐ NO	☐ YES
Recent weight loss or gain	☐ NO	☐ YES
Excess thirst	☐ NO	☐ YES
Excess urination	☐ NO	☐ YES

HEMATOLOGIC

Bleeding or bruising tendency	☐ NO	☐ YES
Past transfusion	☐ NO	☐ YES
Recurrent Nose Bleeds	☐ NO	☐ YES

ALLERGIC

History of skin reaction or reaction to:

Penicillin or other antibiotics	☐ NO	☐ YES
Morphine, Demerol or other narcotics	☐ NO	☐ YES
Novocaine or other anesthetics	☐ NO	☐ YES
Aspirin or other pain remedies	☐ NO	☐ YES
Tetanus antitoxin or other serums	☐ NO	☐ YES
Iodine, Merthiolate or other antiseptics	☐ NO	☐ YES

List any other allergies_____

_____

What type of reaction?_____

Tongue/Lip Swelling ☐ NO ☐ YES

PATIENT SOCIAL HISTORY

Use of alcohol: ☐ Never ☐ Rarely ☐ Moderate ☐ Daily

Use of tobacco: ☐ Never ☐ Previously, but quit ☐ Current_____packs/day

FAMILY MEDICAL HISTORY **Diseases If deceased age & Cause of Death**

_____

Siblings – Parents _____

_____

PAST MEDICAL HISTORY W/YEAR

_____

_____

_____

PAST SURGICAL HISTORY W/YEAR

_____

_____

_____

Current Medications_____

Previous Medications _____