

Otolaryngology

Head and Neck Surgery

Allergy

Sinus

Hearing

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Name: \_\_\_\_\_

Date Of Birth: Mo: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Main Complaint: \_\_\_\_\_

Referred by: \_\_\_\_\_

Medical History (PLEASE CHECK ALL THAT APPLY)

\_\_\_ allergies \_\_\_ asthma \_\_\_ hearing loss \_\_\_ heart disease  
\_\_\_ bleeding \_\_\_ cancer \_\_\_ diabetes \_\_\_ high blood pressure  
\_\_\_ thyroid \_\_\_ stroke \_\_\_ kidney disease \_\_\_ hepatitis  
\_\_\_ cholesterol

Family History (PLEASE CHECK ALL THAT APPLY)

\_\_\_ allergies \_\_\_ asthma \_\_\_ hearing loss \_\_\_ heart disease  
\_\_\_ bleeding \_\_\_ cancer \_\_\_ diabetes \_\_\_ high blood pressure  
\_\_\_ thyroid \_\_\_ stroke \_\_\_ kidney disease \_\_\_ hepatitis  
\_\_\_ cholesterol

Surgical (SX) History (PLEASE CHECK ALL THAT APPLY)

\_\_\_ sinus sx \_\_\_ tonsillectomy \_\_\_ ear tubes  
\_\_\_ female sx \_\_\_ appendectomy \_\_\_ heart sx

Social History (approx. daily use)

\_\_\_ cigarettes/day \_\_\_ alcohol/day  
\_\_\_ coffee/day \_\_\_ soda/day

Drug Allergies:  NONE  PCN  SULFA  COD  OTHER  \_\_\_\_\_

List Current Medications: \_\_\_\_\_

Review of Systems: (please check all that apply)

**General:** \_\_\_ fever \_\_\_ sweats \_\_\_ chills \_\_\_ unexpected weight gain

**Ears:** \_\_\_ hearing loss \_\_\_ pain \_\_\_ pressure \_\_\_ dizziness \_\_\_ noise exposure \_\_\_ drainage \_\_\_ fever \_\_\_ itching \_\_\_ ringing

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

**Nose:** \_\_\_ trauma \_\_\_ surgery \_\_\_ blockage \_\_\_ nosebleeds \_\_\_ post nasal drip \_\_\_ snoring \_\_\_ loss of smell \_\_\_ sneezing  
\_\_\_ itching \_\_\_ other: \_\_\_\_\_

**Throat/Neck:** \_\_\_ soreness \_\_\_ frequent infection \_\_\_ pain on swallowing \_\_\_ lump \_\_\_ hoarseness \_\_\_ other \_\_\_\_\_

**Sinus:** \_\_\_ pain \_\_\_ pressure \_\_\_ infection \_\_\_ # of infections \_\_\_ duration \_\_\_ # of antibiotics

**Mouth:** \_\_\_ ulcers \_\_\_ sores \_\_\_ dental sx \_\_\_ dryness \_\_\_ bad breath

**Chest:** \_\_\_ congestion \_\_\_ cough \_\_\_ wheezing \_\_\_ shortness of breath \_\_\_ pain \_\_\_ phlegm or mucous

**Cardiac:** \_\_\_ chest pain \_\_\_ shortness of breath \_\_\_ prior heart surgery or balloon angioplasty

**GI:** \_\_\_ heartburn \_\_\_ belching \_\_\_ nausea \_\_\_ vomiting \_\_\_ diarrhea \_\_\_ blood

\*\*\*FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE (MD NOTES)\*\*\*

HISTORY/PRESENT ILLNESS (location, quality, severity, duration, timing, context, modifying factors, assoc S. & S.

Ht: \_\_\_\_\_

Wt: \_\_\_\_\_

Bp: \_\_\_\_\_