



Tahlequah Ear Nose and Throat Clinic Medical History

PATIENT NAME: _____ DOB: _____ TODAY'S DATE: _____

REASON FOR TODAY'S VISIT _____

PREVIOUS TREATMENT FOR THIS CONDITION _____

PCP: _____ PHARMACY: _____

ALL SURGERIES	DATE OF SURGERY	DRUG ALLERGIES	<input type="checkbox"/> NO KNOWN DRUG ALLERGIES

ALL MEDICAL PROBLEMS	CURRENT MEDICATIONS AND DOSES (INCLUDING OVER THE COUNTER)

DO YOU TAKE ASPIRIN? Yes No

TOBACCO USE Yes How much daily? _____ How many years? _____ No Quit _____ years ago

ALCOHOL USE Yes How much daily? _____ No

CAFFEINE USE Yes How much? _____ No

FAMILY MEDICAL HISTORY

Mother: Alive Died age _____ Significant Medical Problems _____

Father: Alive Died age _____ Significant Medical Problems _____

Siblings: _____ # sisters & _____ # brothers Significant Medical Problems _____

Personal or family history of anesthesia problems? No Yes _____

Review of Systems. Please complete this section, check yes to symptoms that you have had in the past 3 months.

- (Y) (N)
- _____ Changes in appetite/diet
 - _____ Changes in weight
 - _____ Fever
 - _____ Fatigue
 - _____ Daytime sleepiness
 - _____ Vision change
 - _____ Eye discharge
 - _____ Hearing Concerns
 - _____ Ringing in ears
 - _____ Discharge from ears
 - _____ Nasal discharge
 - _____ Nosebleeds
 - _____ Nasal congestion
 - _____ Dizziness
 - _____ Depression
 - _____ Anxiety

- (Y) (N)
- _____ Oral lesions/sores
 - _____ Sore throat
 - _____ Sore tongue
 - _____ Cough
 - _____ Coughing up blood
 - _____ Asthma
 - _____ Snoring
 - _____ Chest pain
 - _____ Palpitations
 - _____ Headache
 - _____ Seizures
 - _____ Easy Bruising
 - _____ Easy Bleeding
 - _____ Swollen lymph nodes/glands
 - _____ Atypical skin lesion(s)

- (Y) (N)
- _____ Wheezing
 - _____ Shortness of breath
 - _____ Nausea
 - _____ Difficulty swallowing
 - _____ Reflux/Heartburn
 - _____ Vomiting
 - _____ Diarrhea
 - _____ Constipation
 - _____ Abdominal bloating
 - _____ Headache
 - _____ Allergies
 - _____ Food allergies
 - _____ Rashes
 - _____ Itching
 - _____ Hives