



**PAST HEALTH HISTORY**

Have you ever been DIAGNOSED with any of the following problems?

CANCER

- Breast Cancer  NO  YES
- Lung Cancer  NO  YES
- Skin Cancer  NO  YES
- Throat Cancer  NO  YES
- Other cancer \_\_\_\_\_

HEAD AND FACE

- Migraine headache  NO  YES

EYES

- Cataracts  NO  YES

EARS

- Chronic or frequent Ear infections  NO  YES
- Hearing Loss  NO  YES

NOSE & SINUS

- Chronic or recurrent Sinus infections  NO  YES
- Nasal allergies  NO  YES

MOUTH & THROAT

- Chronic tonsillitis  NO  YES
- Sleep apnea  NO  YES

HEART & BLOOD VESSELS

- Stroke  NO  YES
- Blood clots/DVT  NO  YES
- Elevated cholesterol  NO  YES
- Heart attack  NO  YES
- High blood pressure  NO  YES
- Irregular heart rate  NO  YES

**SURGICAL HISTORY**

Have you ever had a problem with anesthesia?  NO  YES

If yes, please describe the problems \_\_\_\_\_

Have you ever had any ear, nose, sinus or throat surgery?  NO  YES

If yes, please list the surgeries \_\_\_\_\_

Have you ever had any other kinds of surgery?  NO  YES

If yes, please list the surgeries \_\_\_\_\_

LUNGS AND RESPIRATORY

- Asthma  NO  YES
- Chronic bronchitis  NO  YES
- COPD  NO  YES
- Emphysema  NO  YES
- Tuberculosis  NO  YES

STOMACH AND DIGESTIVE

- Gastro-esophageal reflux  NO  YES
- Hepatitis  NO  YES
- Stomach Ulcer  NO  YES

BRAIN & NERVOUS SYSTEM

- Multiple Sclerosis  NO  YES
- Parkinson's Disease  NO  YES
- Myasthenia Gravis  NO  YES

MENTAL & EMOTIONAL

- Anxiety  NO  YES
- Depression  NO  YES

ENDOCRINE GLANDS

- Diabetes  NO  YES
- Thyroid disorder  NO  YES

BLOOD

- Anemia  NO  YES
- Hemophilia  NO  YES
- Tendency to bleed or bruise  NO  YES

IMMUNE SYSTEM

- HIV  NO  YES

**FAMILY HEALTH HISTORY** Please check any that apply to your Father, Mother, Brothers or Sisters

**Anesthesia problems (being put to sleep for surgery)**

Father  Mother  Brother  Sister

**Cancer**

Thyroid Cancer

Father  Mother  Brother  Sister

Lung Cancer

Father  Mother  Brother  Sister

Other Cancer \_\_\_\_\_

Father  Mother  Brother  Sister

**Ears**

Hearing Loss before age 20

Father  Mother  Brother  Sister

Hearing Loss after age 20

Father  Mother  Brother  Sister

**Heart & Blood Vessels**

Heart disease or heart attack

Father  Mother  Brother  Sister

Hypertension or high blood pressure

Father  Mother  Brother  Sister

**Lungs & Respiratory**

Asthma

Father  Mother  Brother  Sister

**Brain & Nervous System**

Stroke

Father  Mother  Brother  Sister

**Glands & Sugar Control Problems**

Diabetes

Father  Mother  Brother  Sister

**Blood**

Bleeding or Clotting Problems

Father  Mother  Brother  Sister

**SOCIAL HISTORY**

What is your occupation or job?? \_\_\_\_\_ Are you retired?  NO  YES

Have you in the past or do you now use tobacco in any form?  NO  YES

If yes, please check which you use  Cigarettes  Cigar  Pipe  Chewing tobacco/Snuff

What year did you start using tobacco? \_\_\_\_\_ If you have stopped using tobacco, when? \_\_\_\_\_

How much or how often each day \_\_\_\_\_

Do you consume alcohol?  NO  YES

If yes, please list what type of alcohol \_\_\_\_\_ and how much \_\_\_\_\_ how often \_\_\_\_\_

Do you use drugs recreationally?  NO  YES If yes, please list \_\_\_\_\_

Caffeine use (Coffee, Tea, Cola)  NONE  1 cup/ serving a day  2-3 cups a day  4 or more

Are you exposed to 2<sup>nd</sup> hand smoke  NO  YES

If the patient is a child, does he/she attend daycare or school?  NO  YES

Living setting  Alone  Spouse  Children  Mother  Father  Nursing Home  
 Assisted living  Other \_\_\_\_\_

## ***REVIEW OF SYSTEMS***

**PLEASE MARK ANY OF THE FOLLOWING YOU HAVE HAD RECENTLY**

### Constitutional Symptoms

Fever       Sleeping problems       Unintentional weight loss       Unintentional weight gain

### Eye Problems

Blurred vision       Itchy eyes       Loss of vision       Eye pain

### Ear Problems

Dizziness       Ear drainage       Hearing loss       Ear pain       Ringing/Noise in ear

### Nose Problems

Chronic congestion       frequent nosebleeds       Post-nasal drainage

### Throat Problems

Belching sour material in throat       Hoarseness/change in voice       Sore throat  
 Swallowing problem       Mouth ulcers

### Cardiovascular Problems

Fainting/blacking out       Chest pain       Heart murmur       Irregular heartbeat       Leg cramps  
 Swelling of ankles/legs

### Respiratory Problems

Frequent non-productive cough       Frequent productive cough       Shortness of breath  
 Snoring (excessive)       Wheezing

### Gastrointestinal Problems

Abdominal pain       Diarrhea       Heartburn       Nausea       Trouble swallowing  
 Painful swallowing       Vomiting

### Integumentary Problems

Suspicious skin lesions on head, face or neck

### Neurological Problems

Change in sense of smell       Change in sense of taste       Headache       Severe face pain       Seizures  
 Tremor

### Endocrine Problems

Appetite increased       Increased fatigue       Feel cold all of the time

### Hematologic/Lymph Problems

Bleeds excessively after injury       Bruises easily       Masses or lumps in armpit  
 Masses or lumps in neck       Masses or lumps in groin

### Allergic Problems

Hives       Frequent sneezing