

EASTERN CAROLINA EAR, NOSE AND THROAT-HEAD AND NECK SURGEONS

Eastern Carolina Ear, Nose & Throat- Head & Neck Surgery, PA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Date: __/__/__ Name: _____ DOB: __/__/__

Age: _____

REASON FOR VISIT: _____

PAST SURGERIES: _____

HEIGHT: _____ **WEIGHT:** _____

MEDICAL PROBLEMS:

- YES NO...HEPATITIS (A, B, OR C) _____
- YES NO...LUNG DISEASE _____
- YES NO...HIGH BLOOD PRESSURE _____
- YES NO...ASTHMA _____
- YES NO...ARTHRITIS _____
- YES NO...GLAUCOMA _____
- YES NO...GASTROINTESTINAL _____
- YES NO...DIABETES _____
- YES NO...STOMACH ULCERS _____
- YES NO...KIDNEY DISEASE _____
- YES NO...LIVER _____
- YES NO...THYROID DISEASE _____
- YES NO...PROSTATE _____
- YES NO...ANEMIA _____
- YES NO...HIV/AIDS _____
- YES NO...STROKE _____

- YES NO...TUBERCULOSIS _____
- YES NO...EPILEPSY/SEIZURES _____
- YES NO...MIGRAINES _____
- YES NO...HAYFEVER/ALLERGIES _____
- YES NO...MENTAL ILLNESS _____
- YES NO...DEPRESSION _____
- YES NO...HEART DISEASE _____
- YES NO...CANCER _____
- YES NO...HEART DEFECTS _____
- YES NO...HEART VALVE PROBLEMS _____
- YES NO...PROSTHETIC IMPLANTS _____
- YES NO...SLEEP APNEA _____
- YES NO...OTHER _____
- YES NO... OTHER _____
- YES NO...DO YOU REQUIRE ANTIBIOTICS FOR DENTAL WORK?
- YES NO...BLEEDING PROBLEMS:
 - Easy bleeding or bleeding after surgery
 - Any blood relatives who are free bleeders

ALLERGIES: List medicine or food and Reaction

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Tobacco Use:

- currently smokes
- has smoked in the past
- never smoked
- former smoker

Alcohol Use:

- never
- occasional
- daily
- social

DO YOU HAVE A FAMILY HISTORY OF ANY OF THE FOLLOWING?

(please check)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> ARTHRITIS |
| <input type="checkbox"/> HEARING LOSS | <input type="checkbox"/> STROKE | <input type="checkbox"/> HYPERTENSION |
| <input type="checkbox"/> KIDNEY DISEASE | <input type="checkbox"/> MIGRAINES | <input type="checkbox"/> CANCER |
| <input type="checkbox"/> HEART ATTACK | <input type="checkbox"/> MENTAL ILLNESS | <input type="checkbox"/> ALLERGIES |
| <input type="checkbox"/> GLAUCOMA | <input type="checkbox"/> DIABETES | |

REVIEW OF SYMPTOMS:

Check each symptom that applies:

None of these apply

Constitutional

fever chills fatigue weight loss

Musculoskeletal

joint pain muscle aches

Gastrointestinal

heart burn trouble swallowing
 nausea vomiting
 chronic throat clearing
 foreign body sensation

Respiratory

shortness of breath cough wheezing

Neurological

facial numbness facial weakness
 facial pain fainting

Endocrine

excessive hunger excessive thirst
 excessive urination
 heat or cold intolerance

ENT

ear pain hearing loss
 throat pain hoarseness
 nasal blockage altered smell
 nasal bleeding

Allergy/Immunologic nasal itching watery eyes
 skin reactions
 frequent nasal/sinus infections
 watery nasal discharge sneezing
 postnasal drip
 seasonal symptoms- spring, summer, fall, winter

Skin skin cancer
 skin abnormality of head, neck, or face
 dryness

Eyes visual change double vision

Psychological anxiety depression stress

Cardiovascular chest pain spells of passing out
 leg swelling

Urinary excessive frequency of urination
 pain with urination

MEDICATIONS YOU TAKE (including aspirin & herbs)

MEDICATION: _____ **DOSAGE:** _____

HOW OFTEN: _____

MEDICATION: _____ **DOSAGE:** _____

HOW OFTEN: _____

MEDICATION: _____ **DOSAGE:** _____

HOW OFTEN: _____

MEDICATION: _____ **DOSAGE:** _____

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HOW OFTEN: _____

MEDICATION: _____ **DOSAGE:** _____

HOW OFTEN: _____

MEDICATION: _____ **DOSAGE:** _____

HOW OFTEN: _____

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 252-752-5227.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 252-752-5227。