

MEDICAL HISTORY

Patient Name: _____ Date of Birth: _____

EARS

- _____ Clogged ear/s
- _____ Pain in ear/s
- _____ Ringing in ear/s
- _____ Drainage from ear/s
- _____ Wet / Fluid in ear/s
- _____ Difficulty Hearing
- _____ Sudden Hearing Loss

NOSE

- _____ Nasal Congestion
- _____ Dry Nose
- _____ Runny Nose
- _____ Post Nasal drip
- _____ Nosebleeds
- _____ Change in Smells
- _____ Facial Pain / Pressure

THROAT / NECK

- _____ Cough
- _____ Sore Throat
- _____ Hoarseness / Laryngitis
- _____ Tonsils Swollen
- _____ Bad Breath
- _____ Change in Taste
- _____ Neck Glands Swollen

MEDICAL CONDITIONS

- | | | |
|-------------------------------|---------------------------|--|
| _____ High Blood Pressure | _____ Chest Pain | _____ Reflux |
| _____ Diabetic / Hypoglycemic | _____ Palpitations | _____ Arthritis |
| _____ Heart / Valve Disease | _____ Swollen Legs / Feet | _____ Numbness / Muscle Weakness |
| _____ Pacemaker/Defibrillator | _____ Blood Clots | _____ Dizzy / Lightheaded |
| _____ AFib / Tachycardia | _____ Varicose Veins | _____ Impaired Memory / Confusion |
| _____ Murmur | _____ Weight Loss | _____ Epilepsy / Seizures |
| _____ Thyroid Disease | _____ Shortness of Breath | _____ Prostate / BPH |
| _____ Asthma | _____ Wheezing | _____ HIV / Hepatitis / Venereal Disease |
| _____ Glaucoma | _____ Snoring | _____ Colitis / Crohn's Disease |
| _____ Headaches / Migraines | _____ Skin Rash | _____ Kidney Disease |

OTHER MEDICAL CONDITIONS: _____

HOSPITALIZATIONS / SURGERIES / SERIOUS INJURIES / CANCER / (DATE, IF KNOWN): _____

CURRENT MEDICATIONS: _____

ALLERGIES TO MEDICATIONS: _____

SOCIAL HISTORY

Use of Alcohol Never _____ Rarely _____ Moderate _____ Daily _____

Use of Tobacco Never _____ Previously, but quit _____ Daily _____ # of Packs: _____

Use of Drugs Never _____ Type / Frequency _____

Exposure to: Fumes _____ Noise _____ Dust _____ Solvents _____ Airborne particles _____

FAMILY MEDICAL HISTORY (Please List Major Illnesses / Diseases)

Father _____

Mother _____

Siblings _____

Children _____

Signature: _____ Date: _____