Tucson Ear, Nose & Throat, P.C.

Name:_____

_____

Date of birth: _____/_____/_____ **Height:**_____

Weight:_____**lbs**

Marital Status:_____

Primary care physician:

_____ **Sex:** □ **M** □ **F**

Pharmacy Name:_____

Pharmacy Zip Code:_____

Pharmacy Address Cross

Streets:_____

____

REASON FOR VISIT:_____

_____

PAST MEDICAL HISTORY

□ None
□ Age related macular degeneration
□ Arthritis
□ Asthma
□ Autistic disorder
□ Autoimmune disease
□ Autoimmune hepatitis
□ Barrett's esophagus
□ Bipolar disorder
□ Carotid artery stenosis
□ Cataract
□ Cerebral arterial aneurysm
□ Chronic obstructive lung disease (COPD)
□ Congestive heart failure
□ Cystic fibrosis
□ Disorder of immune function
□ Disorder of thyroid gland
□ Glaucoma
□ H/O Malignant melanoma
□ H/O: anxiety state
□ H/O: atrial fibrillation
□ H/O: depression
□ H/O: diabetes mellitus
□ H/O: hypertension
□ H/O: leukemia
□ H/O: obesity
□ H/O: pregnancy
□ Haemophilia
□ History of cerebrovascular accident (stroke)
□ History diabetes mellitus type 2
□ History of malignant

□ basal cell neoplasm of skin
□ History of malignant lymphoma
□ History of renal failure
□ History of squamous cell carcinoma of skin
□ Human immunodeficiency virus infection (HIV)
□ Hypercoagulability state
□ Systemic lupus erythematosus (lupus)
□ Thrombocytopenic disorder (low platelets)
□ Type 1 diabetes mellitus
□ (blood clots)
□ Malignant neoplasm of bone (sarcoma)
□ Migraine
□ Myocardial infarction (heart attack)
□ Obstructive sleep apnoea syndrome (OSA)
□ Esophageal reflux
□ Pituitary adenoma
□ Primary malignant neoplasm of breast (breast cancer)
□ Primary malignant neoplasm of colon (colon cancer)
□ Sjögren's syndrome
□ Suspected head and neck cancer
□ Other
_____
_____
_____

PAST SURGERIES

□ None
□ Appendectomy
□ Caesarean section
□ Carotid endarterectomy
□ Cholecystectomy
□ Complete primary rhinoplasty
□ Coronary angioplasty
□ Coronary artery bypass graft (CABG)
□ Cosmetic surgery
□ Craniotomy
□ Excision of basal cell carcinoma
□ Excision of lymph node
□ Excision of melanoma
□ Excision of squamous cell carcinoma
□ Extraction of cataract
□ Facial rhytidoplasty (face lift)
□ H/O splenectomy
□ History of bariatric surgery
□ History of colectomy
□ Hypophysectomy (Pituitary)
□ Hysterectomy
□ Implantation of cardiac pacemaker
□ Transplant of kidney
□ Other
_____
_____
_____
_____
_____
_____

PEDIATRIC HISTORY

□ Not Applicable

Gestational Age at Birth _____(in weeks)

Birth Weight: _____lbs _____oz

Forceps Delivery: Yes No

Maternal Illness during Pregnancy:_____

ENT DISEASE HISTORY

□ None
□ Acoustic neuroma
□ Acute/chronic otitis externa
□ Acute/chronic otitis media
□ Allergic rhinitis
□ Basal cell carcinoma of skin
□ Bleeding from nose
□ Branchial cleft cyst
□ Cholesteatoma
□ Deviated nasal septum
□ Enlarged tonsils/adenoids
□ Eustachian tube disorder
□ Fractured nasal bones
□ Gastroesophageal reflux disease (GERD)
□ History of hearing loss
□ Hyperparathyroidism
□ Loss of sense of smell
□ Malignant melanoma of head and neck
□ Malignant neoplasm of skin
□ Mass of neck
carcinoma of skin
□ Thyroglossal duct cyst
□ Thyroid nodule
□ Tonsillitis
□ Other: _____
□ Mastoiditis
□ Nasal obstruction
□ Neoplasm of parotid gland
□ Otosclerosis
□ Perforation of nasal septum
□ Polyp of nasal sinus
□ Polyp of vocal cord
□ Recurrent respiratory papillomatosis
□ Singers' nodes (vocal cords)

ENT SURGICAL HISTORY

□ None
□ Adenoid excision (adenoidectomy)

□ Closed reduction of nasal fracture
□ Complete primary rhinoplasty
□ Endoscopic balloon dilatation of paranasal sinus
□ Excision of cervical lymph node
□ Excision of lesion of oral cavity
□ Excision of submandibular gland (R / L)
□ Excision of thyroglossal duct cyst
□ Functional endoscopic sinus surgery (FESS)
□ History of tonsillectomy
□ Incision of trachea
□ Mastoidectomy (R / L)
□ Modified radical neck dissection (R / L)
□ Myringotomy and insertion of tympanic ventilation tube (ear tubes)
□ Nasal septoplasty
□ Parathyroidectomy (R / L)
□ Parotidectomy (R / L)
□ Removal of acoustic neuroma (R / L)
□ Repair of prominent or protruding ear (R / L)
□ Stapedectomy (R / L)
□ Thyroidectomy
□ Total laryngectomy
□ Tympanotomy (myringotomy)
□ Uvulopalatopharyngoplasty (UPPP)
□ Other
_____
_____
_____
_____
_____

ENT FAMILY HISTORY

□ None
□ Otitis Media
□ Sinusitis
□ Smoking
□ Thyroid Cancer
□ Thyroid Disease
□ Other
_____
_

ENT PEDIATRIC HISTORY

□ None
□ Cleft Lip
□ Other
___
□ Cleft Palate
□ Otitis Media
_____

MEDICATIONS

□ None

Current Medication(s) **Dose/Frequency**

1)_____

_____

2)_____

_____

3)_____

_____

4)_____

_____

5)_____

_____

6)_____

_____

Allergies to Medications: □ **None**

Medicine *Type of reaction (e.g. rash)*

1)_____

_____

2)_____

_____

SMOKING HABITS (circle one)

Current everyday smoker
Current some day smoker (tobacco)
Current some day smoker (cigarette)
Former smoker
Never smoked
Cigar smoker
Heavy tobacco smoker
Light tobacco smoker

ALCOHOL AND DRUG USE

How many times in the past year you had 5 or more drinks in a day for men, or 4 or more drinks in a day for women or any adult older than 65? _____

Do you consume alcohol (EtOH or grain alcohol)? (circle one)

EtOH none
EtOH less than 1 drink a day
EtOH 1-2 drinks a day
EtOH 3 or more drinks a day

Illicit drug use? □ YES □ NO

EXERCISE STATUS (circle one)

Several times a day A few times a week Never
Once a day A few times a month

CAFFEINE USAGE (circle one)

Several times a day A few times a week Never
Once a day A few times a month

OCCUPATION:_____

FAMILY HISTORY □ Not Applicable

Do you have any FIRST DEGREE relatives with the following;

□ Hearing loss,
who?_____

□ Anesthesia problems,
who?_____

□ Bleeding disorder,
who?_____

□ Cancer, who/what
kind?_____

The above information is accurate to the best of my knowledge.

Patient Signature (Or Parent if under 18) **Name (Printed)**
Date