

PATIENT NAME \_\_\_\_\_

DOB \_\_\_\_\_ Chart \_\_\_\_\_ Date \_\_\_\_\_

PHARMACY \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_

***Check only symptoms that occurred in past year***

◆ **GENERAL**

- Fever.....
- Weight changes.....

◆ **SKIN**

- Rash.....

◆ **RESPIRATORY**

- Chronic coughs.....
- Shortness of breath.....

◆ **CARDIOVASCULAR**

- Chest pain.....

◆ **GASTROINTESTINAL**

- Difficulty swallowing.....
- Heartburn/Indigestion.....

◆ **MUSCULOSKELETAL**

- Joint pain.....

◆ **NEUROLOGICAL**

- Dizziness.....
- Frequent headaches.....

◆ **PSYCHIATRIC**

- Depression.....
- Memory loss.....

◆ **ENDOCRINE**

- Excessive thirst.....
- Excessive urination.....

◆ **HEMATOLOGIC/LYMPHATIC**

- Bleeding or bruising tendency.....

**LIST PREVIOUS SURGERIES**

- Tonsillectomy.....
- Sinus Surgery.....
- Tubes in Ears.....
- Thyroid.....

Other Ear/Nose/Throat related surgeries:

\_\_\_\_\_  
\_\_\_\_\_

**PATIENT MEDICAL HISTORY**

- Diabetes.....
- Cancer.....
- Seizures/Convulsions.....
- Bleeding problems.....
- HIV+.....
- .....TB.....
- Hepatitis.....
- Hypertension.....
- Heart trouble.....
- Arthritis.....
- Asthma.....
- Other.....

**PATIENT SOCIAL HISTORY**

- Alcohol use: Never..... Daily..... Socially.....
- Cigarettes..... Pipe..... Chews/Dips..... Cigar.....
- Current packs/day \_\_\_\_\_ Duration(years) \_\_\_\_\_
- Tobacco use: Never..... Previously.....
- Quit \_\_\_\_\_#years ago \_\_\_\_\_#months ago

**FAMILY MEDICAL HISTORY**

- Hypertension.....
- Diabetes.....
- Thyroid Problems.....
- Allergies.....
- Bleeding Disorders.....
- Cancer.....
- Hearing Loss.....

**CURRENT MEDICATIONS (OR PROVIDE LIST)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY KNOWN DRUG/MEDICATION ALLERGIES**

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in **Cosmetic services or products?**  
Botox, Dermal Fillers, Facials/Peels, etc. Yes... No...

Are you interested in **Allergy** prevention? Yes... No...

Are you interested in **Hearing Loss prevention/Hearing Aids?**  
Yes... No...

**How did you hear about us?**

- Newspaper.....
- Website.....
- Mail / flyer.....
- Referring Dr.....
- Existing patient.....
- Other.....