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

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, Radiesse, Juvederm, Skinceuticals) 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 .....☐ Grocery cart ad.....☐
Mail / flyer .....☐ Referring Dr....☐ Friend.....☐
Existing patient.....☐ Other _____