HISTORY FORM

E·N·T of ATHENS

Patient Name: _____ **Age:** _____ **Date:** _____

Referring Physician: _____

Reason for Visit: _____

_____

Preferred Hospital: _____

Preferred Imaging Center: _____ **Preferred Lab:** _____

Allergy to IV Contrast: _____

All Past Medical History:

- ❑ Nasal Allergies
- ❑ Asthma
- ❑ Coronary Artery Disease
- ❑ Atrial Fibrillation
- ❑ High Blood Pressure
- ❑ Heart Failure
- ❑ Diabetes
- ❑ Reflux
- ❑ High Cholesterol
- ❑ HIV
- ❑ Thyroid Disorder
- ❑ Heart Attack
- ❑ Arthritis
- ❑ Stroke
- ❑ Problems With Anesthesia
- ❑ Cancer (what type?) _____
- ❑ Other _____

All Previous Surgeries (list date in blank):

- ❑ Appendectomy _____
- ❑ Tubes in ears _____
- ❑ Cancer surgery _____ Type: _____
- ❑ Carotid surgery _____
- ❑ Cervical spine surgery _____
- ❑ Dental surgery _____
- ❑ Ear drum repair _____
- ❑ Extremity surgery _____
- ❑ Gall bladder _____
- ❑ Heart bypass _____
- ❑ Heart stent _____
- ❑ Pacemaker _____
- ❑ Hernia repair _____
- ❑ Hysterectomy _____
- ❑ Joint replacement _____
- ❑ Mastoidectomy _____
- ❑ Neck mass removal _____
- ❑ Septoplasty _____
- ❑ Sinus surgery _____
- ❑ Tonsillectomy & adenoidectomy _____
- ❑ Thyroidectomy _____
- ❑ Other _____

Current Medications and Supplements: _____

_____

Drug Allergies and Reactions: _____

Preferred Retail Pharmacy: _____

Preferred Mail Order Pharmacy: _____

Family History:

- ❑ Allergy
- ❑ Asthma
- ❑ Bleeding Disorder
- ❑ High Blood Pressure
- ❑ Heart Disease
- ❑ Hearing Loss
- ❑ Problems with Anesthesia
- ❑ Cancer (what type?) _____
- ❑ Diabetes

Social History (please indicate quantity consumed where necessary):

- ❑ Alcohol ❑ Past ❑ Current _____
- ❑ Cigarettes ❑ Past ❑ Current _____
- ❑ Cigars ❑ Past ❑ Current _____
- ❑ Oral Tobacco ❑ Past ❑ Current _____
- ❑ The patient is in daycare
- ❑ The patient is exposed to second-hand smoke

Review of Systems (check for any symptoms you have experienced in the last week):

Constitutional:	❑ Fevers	❑ Chills	❑ Weight Loss
Eyes:	❑ Changes in vision	❑ Blurred vision	❑ Excessive tearing
Cardiovascular:	❑ Swelling of extremities	❑ Heart murmur	❑ Light-headedness
Respiratory:	❑ Shortness of breath	❑ Cough	❑ Wheezing
Gastrointestinal:	❑ Vomiting	❑ Constipation	❑ Diarrhea
Skin:	❑ Rash	❑ Itch	❑ Changes in mole or skin
Neurologic:	❑ Speech difficulties	❑ Seizure	❑ Fainting
Musculoskeletal:	❑ Limitation of motion	❑ Muscular weakness	❑ Arthritis
Hematologic-Lymphatic:	❑ Easy bleeding	❑ Known bleeding disorders	

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