

MEDICAL HISTORY

Name _____ Date _____ Wt. _____ Hgt. _____
Last First Middle Preferred Pharmacy _____
Primary Physician _____ Referred By _____ Pharmacy Location _____

Reason for today's visit _____

HISTORY OF PRESENT ILLNESS

Location of problem (ear, nose, throat, etc) _____

Quality (ex. Sharp, stabbing pain, ache, burning, fullness, drainage, etc.) _____

Severity (Please circle one) Mild Moderate Severe

Duration (When did your symptoms begin) _____

Timing (When and how often are symptoms present) _____

Associated symptoms (fever, nausea, headaches, etc.) _____

Past Medical History

Asthma _____ Heart Disease _____ High Blood Pressure _____ Diabetes _____ Kidney Failure _____

Hepatitis _____ Bleeding Disorders _____ Thyroid disease _____ Other (please Specify) _____

Cancer & Type _____ Chemo/Radiation _____ Lymph node involvement Yes/No _____

Allergies to medication (**Please list medication AND reaction**) _____

Current Medications (**Please list name AND Dosage of all Meds**) _____

Please List All Prior Surgeries _____

Anesthesia Complications _____ Bleeding Disorder _____ Advance Directive Yes ___ No ___
or Living Will

Social History

Tobacco Y N Amount per day _____ how many years _____

Former smoker Amt per day _____ how many years _____ Year Quit _____

Alcohol Y N Type/Amount/Frequency _____

Exercise Y N Type/Frequency _____ Occupation _____

CHILDREN: Tobacco exposure Yes ___ No ___ School Daycare or student Immunization current Yes ___ No ___

Premature Birth ___ Full Term ___ Hospitalizations _____

Family History

Please list any prevalent health problems of close family members _____

Have you noticed a decrease in your hearing or have you noticed people mumble? Y N

Do you hear words but you do not always understand? Y N

Do you find it difficult to hear in noisy places? Y N

Have you noticed ringing, roaring, or sizzling noises in your ears? Y N

ADDITIONAL QUESTIONS ON BACK

Revised: 02/04/13

REVIEW OF SYSTEMS

Please **CIRCLE** either normal or past/current problems from each system listed:

- Constitutional:** Normal, achiness, fatigue, night sweats, fever
- Head/Eyes:** Normal, Dry eyes, Drainage, Itching, Light Sensitive, Cataracts, Blurred Vision, Glaucoma, Blindness, Glasses, Contacts
- Ears, Nose, Throat:** Normal, Ear pain, Hoarseness, Runny Nose, Sore Throat, Nasal Congestion, Decrease Hearing, Ear Infections, Dizzy Spells, Nose Bleeds, Sinus Problems, Tonsillitis, Allergies, Headaches, Difficulty Swallowing
- Cardiovascular:** Normal, Palpitations, Syncope, Cholesterol Problems, Heart Attack, Stroke, Chest Pain, Murmur, High Blood Pressure, Phlebitis, Leg/Feet swelling, Coronary Artery Disease,
- Respiratory:** Normal, COPD, Shortness of Breath, Asthma, Emphysema, Wheezing, Cough, Pneumonia, Sleep Problems, Bronchitis, Snoring,
- Gastrointestinal:** Normal, Nausea/Vomiting, Reflux/Heartburn, Irritable Bowel Syndrome, Constipation, Diarrhea, Blood in Stool, Difficulty in Swallowing, Bowel Obstruction, Abdominal Pain, Colon Polyps,
- Genitourinary:** Normal, Kidney Stones, Bladder infections, Kidney Failure, Blood in Urine, Urinary frequency, Problems Urinating, Impotence, Prostate Enlargement
- Musculoskeletal:** Normal, Arthritis, Hernias, Gout, Broken Bones, Joint(s) Replacement
- Integumentary:** Normal, Abnormal Moles, Hives, Rash, Scar, infections, Skin Cancer,
- Neurological:** Normal, Numbness, Seizures, Headaches, Dizziness, Paralysis, Insomnia, Head Injuries
- Psychological:** Normal, Mental Illness, Insomnia, Depression, Chronic Fatigue, Anxiety, Eating Disorder, ADHD/ADD
- Endocrine:** Normal, Fatigue, weight changes, Goiter, excessive thirst, Temp Intolerance, Diabetes, Thyroid Disease, Steroid Use, Night Sweats, Adrenal, Menopause
- Hematological:** Normal, Enlarge Lymph Nodes, Anemia, Bleeding Disorder, Bruising, Hepatitis, HIV or AIDS, Sickle Cell Anemia, Abnormal Bleeding,
- Allergies:** Normal, Itching/Hives, Sneezing, Rash