Collin County ENT

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PATIENT HEALTH HISTORY

Patient's Last Name_____First_____M_____

Sex ___Male ___Female Date of Birth _____

Name of Primary Care Physician _____

Pharmacy Preference (including location & number) _____

REASON FOR TODAY'S VISIT: _____

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING:

Name of Medication	Dosage	How Often Taken

ARE YOU ALLERGIC TO ANY MEDICATION? ____YES ____NO If so, please list below:

Name of Medication	Type of Reaction

SURGERIES AND HOSPITALIZATIONS

Have you ever had any problems with anesthesia (being numbed or put to sleep)? ___YES___NO

If so, list type of problems: _____

_____

_____

List any surgeries you have had (including dates): _____

_____

_____

_____

Have you ever been hospitalized for non-surgical reasons? ___YES ___NO

If so, list reasons for hospitalizations_____

CURRENT OR MOST RECENT OCCUPATION:

Patient Name: _____ Date of Birth _____

Are you allergic to any of the following? Indicate yes with check mark.

Adhesive tape____ Metal____ Iodine____ Seafood____ LATEX____ Contrast dye____

Mark if you have been diagnosed with any of the following?

- □ Breast cancer
- □ Lung cancer
- □ Skin cancer
- □ Throat cancer
- □ Prostate cancer
- □ Other cancers
- □ Migraine headaches
- □ Cataracts
- □ Glaucoma
- □ Nasal allergies
- □ Sleep apnea
- □ Blood clots/DVT
- □ High cholesterol
- □ Heart attack
- □ High blood pressure
- □ Asthma
- □ Chronic bronchitis
- □ Emphysema
- □ Tuberculosis
- □ Reflux
- □ Hepatitis
- □ Stomach Ulcer
- □ Are you pregnant?
- □ Prostate enlargement
- □ Renal Failure
- □ Stroke
- □ Anxiety
- □ Depression
- □ Diabetes
- □ Thyroid dysfunction
- □ Anemia
- □ Hemophilia
- □ HIV

List other medical diagnosis: _____
_____

Mark family members who have been diagnosed with any of the following:

	Mother	Father	Sister	Brother
Problems with anesthesia				
Thyroid cancer				
Lung cancer				
Unspecified cancer				
Hearing loss before age 20				
Hearing loss after age 20				
Heart disease				
High blood pressure				
Asthma				
Stroke				
Diabetes				
Bleeding/clotting problem				

Mark your tobacco use: _____NONE _____SMOKELESS TOBACCO ____CIGARETTES ____CIGARS
Closest number of cigarettes in an average day: ___½ pack ___1 pack ___ 1½ packs ___2 packs ___3 packs

Alcoholic Beverages: (A drink is 1 shot of liquor or 1 glass of wine or 1 bottle/can of beer.)

Patient Name: _____ Date of Birth _____

Do you use drugs recreationally? _____Yes _____No
Caffeine Use (coffee, tea, chocolate, cola, other caffeinated drinks):
____none ____1/day ____2-3/day ____4 or more/day
Are you exposed to second hand smoke? ____Yes ____No
Mark if patient attends daycare ___Yes
Will you accept transfusions of blood products? ____Yes ____No

Home living situation (mark all that apply):

- □ Alone
- □ With children
- □ With mother
- □ Assisted Living
- □ With spouse
- □ In nursing facility
- □ With father
- □ Other

Do you now have or have you recently had any of the following?

- □ Fever
- □ Sleeping problems
- □ Unintentional weight loss
- □ Unintentional weight gain
- □ Blurred vision
- □ Itchy eyes
- □ Loss of vision
- □ Painful eye
- □ Dizziness
- □ Ear drainage
- □ Hearing loss
- □ Ear pain
- □ Ringing in the ears
- □ Nasal congestion
- □ Frequent nosebleeds
- □ Post nasal drainage
- □ Belching sour material into throat
- □ Hoarseness/Other voice changes
- □ Mouth ulcers
- □ Partials or dentures
- □ Blacking out or fainting
- □ Chest pain
- □ Heart murmur
- □ Irregular heartbeats
- □ Leg cramps
- □ Swelling of ankles
- □ Frequent non-productive cough
- □ Frequent productive cough
- □ Shortness of breath
- □ Snoring
- □ Wheezing
- □ Abdominal pain
- □ Diarrhea
- □ Heartburn
- □ Nausea
- □ Trouble swallowing
- □ Painful swallowing
- □ Vomiting
- □ Painful joints
- □ Stiffness in joints
- □ Swelling of joints
- □ Change in sense of smell
- □ Change in sense of taste
- □ Headache
- □ Severe face pain
- □ Seizures
- □ Tremor
- □ Appetite is increased
- □ Fatigue
- □ Cold feeling
- □ Bleed excessively after injury
- □ Bruise easily
- □ Masses (lumps) in armpit
- □ Masses (lumps) in neck
- □ Masses (lumps) in groin
- □ Hives
- □ Sneezing