Tucson Ear, Nose & Throat, P.C.

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Name: ____________________ Last 4 of SS#: __________

Date of birth: _____ / _____ / _____ Age: _______ Height: _______ Weight: _______ lbs

Primary care physician: ____________________ Sex: ☐ M ☐ F

Pharmacy Name: ____________________ Pharmacy Zip Code: __________

REASON FOR VISIT: ____________________

Current Medication(s) ☐ None — Dose/Frequency

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________

Allergies to Medications: ☐ None

Medicine — *Type of reaction (e.g. rash)*

1. ____________________
2. ____________________

PAST MEDICAL HISTORY ☐ None apply

- ☐ Cancer: Bone
- ☐ Cancer: Brain
- ☐ Cancer: Breast
- ☐ Cancer: Cervical
- ☐ Cancer: Chronic lymphocytic leukemia
- ☐ Cancer: Colon
- ☐ Cancer: Endometrial
- ☐ Cancer: Esophageal
- ☐ Cancer: Head or Neck
- ☐ Cancer: Leukemia
- ☐ Cancer: Liver
- ☐ Cancer: Lung
- ☐ Cancer: Lymphoma
- ☐ Cancer: Myeloma
- ☐ Cancer: Ovarian
- ☐ Cancer: Prostate
- ☐ Cancer: Pancreas
- ☐ Cancer: Sarcoma (Soft Tissue)
- ☐ Cancer: Skin Basal cell carcinoma
- ☐ Cancer: Skin Melanoma
- ☐ Cancer: Skin Merkel Cell
- ☐ Cancer: Skin Squamous cell carcinoma
- ☐ Cancer: Other __________
- ☐ Cardio: Arrhythmia
- ☐ Cardio: Atrial Fibrillation
- ☐ Cardio: Congestive Heart Failure
- ☐ Cardio: Coronary Artery Disease
- ☐ Cardio: Hyperlipidemia
- ☐ Cardio: Hypertension
- ☐ Cardio: Myocardial Infarction
- ☐ Cardio: Valve disease
- ☐ Cardio: Other __________
- ☐ Endo: Diabetes Type 1
- ☐ Endo: Diabetes Type 2
- ☐ Endo: Pituitary Adenoma
- ☐ Endo: Thyroid Disease
- ☐ Endo: Other __________
- ☐ Gen: Obesity
- ☐ GI: Barret's Esophagus
- ☐ GI: Cholecystitis/gallstone
- ☐ GI: Cirrhosis
- ☐ GI: Inflammatory Bowel
- ☐ GI: Irritable Bowel
- ☐ GI: Autoimmune Hepatitis
- ☐ GI: Hepatitis C
- ☐ GI: Sclerosing Cholangitis
- ☐ GI: Reflux/GERD
- ☐ GI: Other __________
- ☐ Uro: BPH (Enlarged Prostate)

PAST MEDICAL HISTORY (continued)

- ☐ Uro: End-stage Renal Disease
- ☐ Uro: Kidney stones
- ☐ Uro: Recurrent UTI
- ☐ Uro: Other ___________________
- ☐ HPV (Papilloma virus/warts)
- ☐ GYN: Other ___________________
- ☐ Immuno: HIV
- ☐ Immuno: Immunodeficiency
- ☐ Other: _______________________
- ☐ Lymph: Anemia
- ☐ Lymph: Bleeding Disorder/ Hemophilia
- ☐ Lymph: Clotting Disorder
- ☐ Lymph: Neutropenia
- ☐ Lymph: Sickle Cell
- ☐ Lymph: Thrombocytopenia
- ☐ Lymph: Other _________________
- ☐ Ortho: Arthritis
- ☐ Ortho: Degenerative Joint Dz
- ☐ Ortho: Osteoporosis
- ☐ Ortho: Spinal Stenosis
- ☐ Ortho: Other _________________
- ☐ Neuro: ALS (Lou Gehrig's)
- ☐ Neuro: Alzheimer's
- ☐ Neuro: Autism
- ☐ Neuro: Cerebral palsy
- ☐ Neuro: CVA/Stroke
- ☐ Neuro: Dementia
- ☐ Neuro: Developmental delay
- ☐ Neuro: Multiple Sclerosis
- ☐ Neuro: Parkinson's
- ☐ Neuro: Seizure
- ☐ Neuro: Other _________________
- ☐ Ophtho: Blindness
- ☐ Ophtho: Macular dengeneration
- ☐ Ophtho: Cataracts
- ☐ Ophtho: Glaucoma
- ☐ Ophtho: Detached Retina
- ☐ Ophtho: Other ________________
- ☐ Psych: Anxiety
- ☐ Psych: Bipolar
- ☐ Psych: Depression
- ☐ Psych: Schizophrenia
- ☐ Psych: Other _________________
- ☐ Pulm: Asthma
- ☐ Pulm: COPD
- ☐ Pulm: Cystic Fibrosis
- ☐ Pulm: Emphysema
- ☐ Pulm: Obstructive Sleep Apnea
- ☐ Pulm: Pulmonary Embolism
- ☐ Pulm: Pulmonary Hypertension
- ☐ Pulm: Other _________________
- ☐ Rheum: Auto-immune disorder
- ☐ Rheum: Lupus
- ☐ Rheum: Rheumatoid Arthritis
- ☐ Rheum: Scleroderma
- ☐ Rheum: Sjogren's
- ☐ Rheum: Other ________________
- ☐ Vasc: Peripheral Artery Dz
- ☐ Vasc: Carotid Artery Stenosis
- ☐ Vasc: Abd Aortic Aneurysm
- ☐ Vasc: Other _________________
- ☐ Other: ______________________

PAST SURGERIES ☐ None apply

- ☐ Abd: Appendix (Appendectomy)
- ☐ Abd: Bariatric surgery __________
- ☐ Abd: Bowel Resection
- ☐ Abd: Cholecystectomy
- ☐ Abd: Colon Resection
- ☐ Abd: Colostomy
- ☐ Abd: Esophagectomy
- ☐ Abd: Hepatectomy
- ☐ Abd: Hernia Repair
- ☐ Abd: Liver transplant
- ☐ Abd: Pancreas Resection
- ☐ Abd: Splectomy
- ☐ Abd: Other ___________________
- ☐ Breast: Lumpectomy (Both/Left/Right breast[s])
- ☐ Cosmetic: Facelift
- ☐ Breast: Mastectomy (Both/Left/Right breast[s])
- ☐ Cosmetic: Eyelid
- ☐ Cosmetic: Rhinopasty
- ☐ Heart: Valve replacement (Mechanical or Biologic)
- ☐ Heart: CABG
- ☐ Heart: Transplant
- ☐ Heart: Pacemaker
- ☐ Neuro: Craniotomy
- ☐ Neuro: Pituitary
- ☐ Neuro: Cervical fusion
- ☐ Neuro: Tumor Removal _________
- ☐ Bilateral Tubal Ligation (BTL)
- ☐ Uro: Kidney Stone Removal
- ☐ Cesarean Section
- ☐ Dilation and Curettage of Uterus
- ☐ Ophtho: Cataracts
- ☐ Ophtho: Glaucoma
- ☐ Pulm: Transplant
- ☐ Pulm: Lobectomy
- ☐ Skin: Basal Cell Carcinoma
- ☐ Skin: Melanoma
- ☐ Skin: MOHS
- ☐ Skin: Squamous Cell Carcinoma
- ☐ Uro: Kidney Transplant
- ☐ Uro: Nephrectomy
- ☐ Vascular: AV shunt
- ☐ Vascular: Carotid endarterectomy

ENT DISEASE HISTORY ☐ None apply

- ☐ Cancer: Head and Neck Cancer, specify location ______________________
- ☐ Cancer: Lymphoma, Neck nodes
- ☐ Cancer: Sinus or nasal cavity
- ☐ Cancer: Skin – Basal Cell Carcinoma
- ☐ Cancer: Skin – Melanoma
- ☐ Cancer: Skin – Other type: ______________________
- ☐ Cancer: Skin – Squamous Cell Carcinoma
- ☐ Ear: Acoustic Neuroma
- ☐ Ear: Cholesteatoma
- ☐ Ear: Hearing Loss
- ☐ Ear: Mastoiditis
- ☐ Ear: Other __________________
- ☐ Ear: Otitis Externa (swimmer's ear)
- ☐ Ear: Otosclerosis

ENT DISEASE HISTORY (continued)

- ☐ Ear: Tinnitus (ringing)
- ☐ Ear: Vertigo
- ☐ General: Facial Fractures
- ☐ General: Other ________________
- ☐ General: Reflux
- ☐ Larynx/trachea: Papillomas
- ☐ Larynx/trachea: Subglottic Stenosis
- ☐ Larynx/trachea: Tracheal Stenosis
- ☐ Larynx/trachea: Vocal Cord Nodules
- ☐ Larynx: Vocal Cord Paralysis
- ☐ Larynx/trachea: Vocal Cord Polyps
- ☐ Other: ________________
- ☐ Nasal: Deviated Septum
- ☐ Nasal: Epistaxis (nose bleeds)
- ☐ Nasal: Loss of Smell
- ☐ Nasal: Nasal Fracture
- ☐ Nasal: Nasal obstruction
- ☐ Nasal: Other ________________
- ☐ Nasal: Polyps
- ☐ Nasal: Rhinitis (allergies)
- ☐ Nasal: Septal Perforation
- ☐ Nasal: Sinusitis
- ☐ Nasal: Turbinate Hypertrophy
- ☐ Neck: Branchial Cleft Cyst
- ☐ Neck: Hyperparathyroidism
- ☐ Neck: Neck Mass
- ☐ Neck: Parotid tumor
- ☐ Neck: Sialoadenitis (infected/ inflamed salivary gland)
- ☐ Neck: Sialolithiasis (stone of salivary gland)
- ☐ Neck: Thyroid Nodules
- ☐ Oral: Other ________________
- ☐ Oral: Sleep Apnea
- ☐ Oral: Tonsillitis
- ☐ Oral: Ulcers

ENT SURGICAL HISTORY ☐ None apply

- ☐ Ear: Acoustic neuroma resection
- ☐ Ear: Mastoidectomy
- ☐ Ear: Myringotomy and tubes (right/left)
- ☐ Ear: Myringotomy (right/left)
- ☐ Ear: Otoplasty
- ☐ Ear: Other ________________
- ☐ Ear: Stapedectomy (right/left)
- ☐ Ear: Tympanoplasty (repair of eardrum)
- ☐ Head and Neck: Lymph Node Biopsy
- ☐ Head and Neck: Neck dissection
- ☐ Head and Neck: Other ________
- ☐ Head and Neck: Parathyroidectomy
- ☐ Head and Neck: Parotidectomy
- ☐ Head and Neck: Resection in mouth or throat: please specify ________________
- ☐ Head and Neck: Skin Graft
- ☐ Head and Neck: Skin Resection
- ☐ Head and Neck: Submandibular gland excision
- ☐ Head and Neck: Thyroglossal Duct Cyst
- ☐ Head and Neck: Thyroidectomy
- ☐ Head and Neck: Tracheotomy
- ☐ Nose: Balloon Sinuplasty
- ☐ Nose: Endoscopic Sinus Surgery
- ☐ Nose: Nasal Fracture Repair
- ☐ Nose: Other ________________
- ☐ Nose: Rhinoplasty
- ☐ Nose: Septoplasty
- ☐ Nose: Turbinate Reduction
- ☐ Throat: Adenoidectomy
- ☐ Throat: Other ________________
- ☐ Throat: Uvulopalatopharyngoplasty (UPPP)
- ☐ Throat: Tonsillectomy
- ☐ Other: ________________

ENT FAMILY HISTORY ☐ None apply

- ☐ Otitis Media
- ☐ Sinusitis
- ☐ Smoking
- ☐ Thyroid Cancer: ________________
- ☐ Thyroid disease: ________________
- ☐ Other ________________

SOCIAL HISTORY

Smoking Status: (please choose ONE of the following)

- ☐ Unknown if ever smoked
- ☐ Current everyday smoker
- ☐ Current some day smoker
- ☐ Former smoker
- ☐ Never smoked
- ☐ Cigar smoker

What date did you quit smoking? ________________

Number of Packs a day? ________________

Total years smoking? ________________

Occupation: ________________

Drug/IV Drug use? Please specify below:

____

Do you drink alcohol? ☐ YES ☐ NO

If so, how many drinks a day? ________________

FAMILY HISTORY ☐ None apply

Do you have any FIRST DEGREE relatives with the following;

☐ Hearing loss, who? ______________________________

☐ Anesthesia problems, who? ______________________________

☐ Bleeding disorder, who? ______________________________

☐ Cancer, who/what kind? ______________________________

REVIEW OF SYSTEMS ☐ None apply

Please check the box if you have any of the following symptoms:

CONSTITUTIONAL
☐ Fever
☐ Weight loss
☐ Night sweats

EYES
☐ Double vision
☐ Vision loss

EARS
☐ Pain
☐ Drainage
☐ Hearing Loss
☐ Ringing
☐ Dizziness

NOSE
☐ Nasal obstruction
☐ Bloody nose
☐ Altered sense of smell
☐ Runny nose

THROAT
☐ Hoarseness
☐ Throat pain
☐ Difficulty swallowing
☐ Recurrent throat infections

ALLERGY
☐ Itchy nose
☐ Sneezing
☐ Itchy eyes

RESPIRATORY
☐ Shortness of breath
☐ Snoring
☐ Cough

CARDIAC
☐ Chest pain
☐ Irregular heartbeats

GI
☐ Heartburn
☐ Regurgitation of food

GU
☐ Difficulty urinating

ENDOCRINE
☐ Heat intolerance
☐ Cold intolerance

HEMATOLOGIC
☐ Bleeds easily

NEUROLOGIC
☐ Migraines
☐ Seizure

MUSCULOSKELETAL
☐ Temporomandibular joint pain

SKIN
☐ Non healing wounds

PSYCH
☐ Sleep disturbance

ALERTS
☐ Latex allergy
☐ Allergy to Iodine Contrast
☐ Blood thinners
☐ Defibrillator/Pacemaker
☐ Pregnant/Nursing
☐ Complications with anesthesia

The above information is accurate to the best of my knowledge.

____

Patient Signature(Or Parent if under 18) **Name (Printed)** **Date**