



Patient Medical History

Patient Name: _____ DOB: _____

Sex: Male Female Preferred Pronoun: _____

Reason for today's visit: _____

Pharmacy Preference: _____ Pharmacy Address: _____

List any medications you are currently taking or **WE CAN COPY YOUR LIST:**

Medication	Dosage	How often taken

Are you **ALLERGIC** to any medications: Yes No If yes, list below or **WE CAN COPY YOUR LIST:**

Medication	Type of reaction

Any family history of **malignant hyperthermia** with anesthesia? Yes No

Have you been **hospitalized** for non-surgical reasons? Yes No If yes, list hospitalizations:

List any surgeries (including childhood- example, tonsils) you have had:

	Year
Ear, Nose & Throat	
Brain	
Heart	
Thyroid/Parathyroid	

Tobacco Use Ever: None Cigarettes Vaping Smokeless Tobacco

Current Smoking Status: Never Smoked Former Smoker Current, every day smoker

Tobacco Use in a Day/# of years: _____

Alcoholic Beverages: Yes No If yes, average per day or week: _____

Do you use drugs recreationally: Yes No Marijuana or other: _____ how often: _____

Family



CIRCLE if you have been diagnosed with any of the following:

Thyroid Dysfunction
Thyroid Cancer
Skin Cancer
Head & Neck Cancer
Other Cancer: _____
Migraine Headaches
Sleep Apnea
Nasal Allergies

Diabetes
Blood Clots/DVT
High Blood Pressure
Heart Disease: _____
Lung Disease: _____
Autoimmune Disease: _____
Reflux

CIRCLE if you have now or have you recently had any of the following:

No problems now or in the recent past

General Health:

Excessive daytime sleepiness
Weight loss
Other: _____

Eyes:

Issue: _____

Ears:

Ringing
Drainage
Dizziness
Hearing Loss
Itchy
Infection
Pain
Other: _____

Nose & Sinuses:

Facial Pressure Sensation
Nasal Obstruction/congestion
Runny Nose
Sneezing
Other: _____

Mouth & Throat:

Bad Breath
Frequent Throat Clearing
Hoarseness
Sensation of Something Caught in Throat
Snoring
Sore Throat
Tongue/Mouth Sores
Other: _____

Gastrointestinal:

Heartburn
Trouble Swallowing
Pain with Swallowing
Other: _____

Endocrine:

Thyroid Issues
Parathyroid Issues
Other: _____

Allergic, Infectious, Immunologic:

Environmental Issues: _____
Infectious Disease: _____
Immune Problems: _____