

Patient Name: _____ **DOB:** _____

Sex: Male Female Preferred Pronoun: _____

Reason for today's visit: _____

Preferred Pharmacy: _____ Pharmacy Address: _____

List any medication you are currently taking, or WE CAN COPY YOUR LIST:

Medications	Dosage	Frequency

Any allergies to 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 within the past year? Yes No If yes, please list below:

List any surgeries (including childhood, ex. Tonsils) you have had, or WE CAN COPY YOU LIST:

Surgery	Year

Tobacco Use Ever: None Cigarettes Vaping Smokeless Tobacco

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

Tobacco Use in a Day/ Number of Years: _____

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

Do you use recreational drugs: Yes No If yes, average weekly use: _____

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

- | | |
|---------------------|---------------------|
| Thyroid Dysfunction | Diabetes |
| Thyroid Cancer | Blood Clots/DVT |
| Skin Cancer | High Blood Pressure |
| Head & Neck Cancer | Heart Disease |
| Other Cancer: _____ | Lung Disease |
| Migraine Headaches | Autoimmune Disease |
| Sleep Apnea | Reflux |
| Nasal Allergies | |

CIRCLE if you have had (currently or recently) any of the following:

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: _____
- Infectious: _____
- Immune: _____