



FLORIDA ENT ADULT & PEDIATRIC, INC.

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FELLOW AMERICAN ACADEMY OF OTOLARYNGOLOGY

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OTOLARYNGOLOGY – HEAD & NECK SURGERY – EAR & SINUS SURGERY – FACIAL PLASTIC & SKIN CANCER SURGERY – THYROID SURGERY

HISTORY

(Please fill out as completely as possible using black ink)

NAME _____ BIRTHDATE _____ AGE _____ PRIMARY CARE DOCTOR _____

PHARMACY (NAME) _____ (LOCATION) _____ HEIGHT _____ WEIGHT _____

PROBLEM YOU ARE SEEING THE DOCTOR FOR: _____

PREVIOUS & CURRENT MEDICAL CONDITIONS *CIRCLE all that apply to you: IF NONE: circle: NO PROBLEM:*

*Bleeding Disorder, HIV, Hepatitis, Hypertension, Heart Disease, Cholesterol, Diabetes, Stroke, TIA, Asthma, COPD, Pneumonia, Cancer, Thyroid, Liver, Renal Insufficiency, Prostate, Migraines, Depression, Anxiety, Fibromyalgia, Arthritis, Cataract, Decreased Vision, Glaucoma, Vertigo, COME, COE, CHL, SNHL, Facial Paralysis, Inferior Turbinate Hypertrophy, Deviated Septum, Chronic Sinusitis, Polyps, Allergic Rhinitis, Ch. Tonsillitis, Snoring, Sleep Apnea, GERD, TVC Paralysis, TVC nodules, **Currently Pregnant**)*

1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

PREVIOUS SURGERIES: *CIRCLE all that apply IF NONE circle: NO SURGERIES.*

Ear Tubes, Tympanoplasty, Mastoidectomy, Septoplasty, ITR, Sinus Surgery, Rhinoplasty, T&A, UPPP, BOT reduction, Thyroidectomy, Heart Bypass, Pacemaker, Stents, Angioplasty, Cholecystectomy, Hernia, Esophagoscopy, Colonoscopy, Hysterectomy, C-section, Prostate, Back, Neck, Hip, Knee, Cataract

1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

MEDICATIONS CURRENTLY TAKING WITH DOSE (*INCLUDE VITAMINS AND NON-PRESCRIPTIONS LIKE ASPIRIN*):

1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

ALLERGIES TO MEDICATION: NONE / YES TO: _____

SMOKING YES / NO HOW MUCH PER DAY _____ HOW MANY YEARS _____

EXPOSER SECOND HAND SMOKE YES / NO

ALCOHOL YES / NO HOW MUCH PER DAY _____ HOW MANY YEARS _____

CAFFEINE YES / NO HOW MUCH PER DAY _____

PETS YES / NO CATS, DOGS, BIRDS, OTHER _____

MARITAL STATUS: S, M, D, W AGES OF CHILDREN: _____

PLACE OF CURRENT OR LAST EMPLOYMENT: _____ DUTIES: _____

FAMILY HISTORY OF DISEASES (CIRCLE): *None of the Following, Bleeding Disorder, Hearing Loss, Cardiac, Cancer, Stroke, Diabetes, Arthritis, Depression, Drug Use, Hepatitis HIV*

Please Do Not Write Below This Line

ROS: Constitutional (___WNL) Gastrointestinal (___WNL) Psychiatric (___WNL)
Eyes (___WNL) Genitourinary (___WNL) Endocrine (___WNL)
Cardiovascular (___WNL) Musculoskeletal (___WNL) Hematologic/Lymphatic (___WNL)
Respiratory (___WNL) Integumentary (___WNL) Allergic/Immunologic (___WNL)
Ears, Nose, Throat & Mouth – As Above Neurological (___WNL)

REVIEWED & UPDATED BY OMAR A. FADHLI M.D. DATE