Patient Name:_____________________________________ DOB:_________________________

Do you have or have you ever had the following (Mark all that apply):

ENT History

__None
__Acute Otitis Externa
__Acute Otitis Media
__Allergic Rhinitis
__Basal Cell Carcinoma of skin
__Cholesteatoma
__Deviated nasal septum
__Enlargement of tonsil of adenoid
__Fractured nasal bones
__Gastroesophageal reflux disease
__History of hearing loss
__Hyperparathyroidism
__Loss of sense of smell
__Malignant Neoplasm of skin
__Mass of neck
__Mastoiditis
__Nasal obstruction
__Polyp of nasal sinus
__Polyp of vocal cord
__Sinusitis
__Sleep apnea
__Squamous cell carcinoma of skin
__Suspected head and neck cancer
__Thyroid nodule
__Tinnitus
__Tonsillitis
__Vertigo
Other ______________________________

ENT Family History

Does anyone in your family have below:

__None
__Otitis Media (Middle Ear Infection)
__Sinusitis

ENT Pediatric History

__None
__Cleft Lip
__Cleft Palate

ENT Surgical History

__None
__Adenoid excision
__Endoscopic balloon dilation
__Functional endoscopic sinus surgery
__Tonsillectomy
__Myringotomy & insertion of tympanic Ventilation tube
__Nasal septoplasty
__Operation on nose
__Parathyroidectomy
__ Reduction of nasal turbinate
__Thyroidectomy
Other:___________________________

Past Surgeries

Have you had any of he following surgeries or procedures?

__None
__Biopsy of lymph node
__Biopsy of skin
__Blepharoplasty
__Carotid Endarterectomy
__Cardiac catheterization
__Rhinoplasty
__Coronary angioplasty
__Excision of basal cell carcinoma
__Excision of lymph node
__Excision of squamous cell carcinoma
__Bariatric surgical procedure
__Colectomy
__Mechanical heart valve replacement
__ Nephrectomy
__Implantation of cardiac pacemaker
__Open heart surgery
Other:_____________
____
____

Past Medical Conditions

__Age related macular degeneration
__Aortic aneurysm
__Arthritis
__Asthma
__Autistic disorder
__Autoimmune disease
__Barrett's esophagus
__Carotid artery stenosis
__Chronic obstructive lung disease
__Congestive heart failure
__Cystic fibrosis
__Dementia
__Disease caused by 2019-nCoV
__Disorder of immune function
__Disorder of thyroid gland
__Esophageal reflux
__Malignant melanoma
__Atrial fibrillation
__Depression

__Diabetes Mellitus
__Hypertension
__Cerebrovascular accident
__Cardiac Catheterization
__Diabetes Mellitus type 2
__Leukemia
__Malignant basal cell neoplasm of skin
__Malignant Lymphoma
__Renal failure
__squamous cell carcinoma of skin
__Human immunodeficiency virus infection
__Hypercoagulability state
__Kidney stone
__Migraine
__Myocardial infarction
__Obstructive sleep apnea
__Pituitary adenoma
__Pulmonary embolism

__Pregnancy
__Headache disorder
__Sjogren's syndrome
Other:___________________

Social History

Smoking Habits

What is your smoking status? (QM402,QM226)

__Unknown if ever smoked __Current every day smoker __Current smoker – Tobacco
__Current smoker-Cigarettes __Former Smoker __Never smoker __Cigar smoker

Alcohol and Drug Use

How many times in the past year you had 5 or more drinks in a day for men, or 4 or more drinks in a day for women or any adult older than 65? (QM431) Enter Number_________________
Do you consume alcohol (EtOH or grain alcohol)? Y / N
Recreational Drug Use? Y / N

Driving Status

Drive in the Daytime? Y / N
Drive at Night? Y / N

Exercise Status

How often do you exercise? _____________________________

Caffeine Usage

Do you drink caffeinated drinks? Y / N
If so, How many per day? _____________

Occupation

What is your occupation and workplace?
____

Residence Status

What is your place of residence?
Do you feel safe at your place of residence? Y / N

Medication List

Name	Dose	How often it is taken	Date started