

ENT - PATIENT HISTORY

LUFKIN ENT & ALLERGY

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PATIENT NAME: _____

WHAT DOCTOR SENT YOU HERE? _____

WHICH MEDICINES ARE YOU ALLERGIC TO? _____

WHY ARE YOU SEEING THE DOCTOR TODAY? _____

HOW LONG HAVE YOU HAD THIS PROBLEM? _____

WHAT MEDICATIONS HAVE YOU TAKEN FOR THIS? _____

HAVE YOU BEEN SEEN OR TREATED BY ANY DOCTOR IN PAST 12 MONTHS FOR THIS? _____ IF SO, WHO? _____

HOW MANY TIMES IN THE LAST 12 MONTHS HAS THIS OCCURRED? _____

ALL MEDICATIONS PRESENTLY TAKING:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEDICAL HISTORY

PLEASE CIRCLE ANY CONDITIONS THAT THE PATIENT HAS NOW OR IN THE PAST.

ACID REFLUX:Y N _____
AIDS/HIV POSITIVE ...Y N _____
ALZHEIMER'S DISEASE...Y N _____
ANEMIAY N _____
ARTHRITIS:Y N WHAT KIND _____
ASTHMAY N _____
CANCERY N WHAT KIND _____
DIABETESY N WHAT KIND _____
FIBROMYALGIAY N _____
GOUTY N WHAT KIND _____
HEART PROBLEMS.....Y N WHAT KIND _____

HEPATITISY N WHAT KIND _____
HIGH CHOLESTEROL ...Y N _____
HOARSENESSY N _____
HYPERTENSIONY N _____
KIDNEY DISEASEY N _____
LIVER DISEASEY N _____
LUNG DISEASEY N WHAT KIND _____
PARATHYROID DISEASE ..Y N _____
SJÖGRENY N _____
STROKEY N _____
THYROID DISEASEY N WHAT KIND _____
TUBERCULOSISY N _____

SOCIAL HISTORY Do you currently use?

ALCOHOL: Y N CURRENT DRINKER .Y N HOW MUCH PER DAY? _____ WHEN DID YOU STOP? _____ HOW LONG DID YOU DRINK? _____
CIGARETTES: Y N CURRENT SMOKER .Y N HOW MUCH PER DAY? _____ WHEN DID YOU STOP? _____ HOW LONG DID YOU SMOKE? _____
CHEWING TOBACCO: Y N CURRENT USER.Y N HOW MUCH PER DAY? _____ WHEN DID YOU STOP? _____ HOW LONG DID YOU DIP? _____
CIGARS: Y N CURRENT SMOKER .Y N HOW MUCH PER DAY? _____ WHEN DID YOU STOP? _____ HOW LONG DID YOU SMOKE? _____
SNUFF: Y N CURRENT USER.Y N HOW MUCH PER DAY? _____ WHEN DID YOU STOP? _____ HOW LONG DID YOU USE? _____

LIST ALL SURGERIES: _____

