



# Princess Anne ENT & Allergy, PC.

828 Healthy Way, Suite 280, Virginia Beach, VA 23462

Patient Name: \_\_\_\_\_ Family Doctor/PCP: \_\_\_\_\_

Date: \_\_\_\_\_

**Patient's Medical History:** (Please *check* all problems for which *you* are currently or have previously been treated by a physician.)  None

Anemia (requiring transfusion)	Heart attack
Asthma	High Blood Pressure
Bleeding Disorder	Kidney problems (dialysis)
Cancer	Liver problems (i.e. Hepatitis)
Diabetes	Seizures
Emphysema (COPD)	Stroke
Glaucoma	Other:

**Patient's Surgical History:** (Please list all surgeries that *you* have ever had.)  None

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

**Medications:** (Please list *all* current medicines with dosage and frequency.)  None

Medicine Name	Dosage	Frequency Taken
Example: Tylenol	325 mg	2 tablets every 4 hrs as needed

**Drug Allergies:** (Include type of allergic reactions)  None Known

Medicine Name	Type of Reaction
Example: Tylenol	Swelling of lips, hives

**Social History:** (Please *circle*)

Do you smoke cigarettes/cigars?	No	Yes	If yes, how much?	Packs per day
Do you use smokeless tobacco?	No	Yes		
Do you drink alcohol?	No	Yes	Socially	Daily
Do you use illegal drugs?	No	Yes		

**Family History:** (Please *circle only if more than one* family member has any of these conditions)

Allergy (i.e. hayfever)	Heart attack	Thyroid disorders
Asthma	High blood pressure	Thyroid cancer
Bleeding disorders	Nose bleeds	Other types of cancer
Diabetes	Seizures	Other:
Hearing loss	Stroke	

**Review of Systems:** (*circle* all *current* symptoms)

<b>Constitutional</b>	fever, chills, decreased appetite, weight loss/gain
<b>Eyes</b>	eye pain, double vision, itchy eyes
<b>ENT – Mouth</b>	<b>Ears:</b> hearing loss, ringing, ear pain, ear discharge <b>Nose &amp; Sinus:</b> decreased sense of smell, bleeding, obstruction, discharge <b>Throat &amp; Mouth:</b> ulcers/lesions, trouble swallowing, hoarseness
<b>Cardiovascular</b>	chest pain, shortness of breath, rapid/abnormal heartbeat
<b>Respiratory</b>	dry cough, wheezing, coughing up blood
<b>Gastrointestinal</b>	nausea/vomiting, heartburn, abdominal pain, black stool
<b>Integumentary (skin)</b>	rash, change in skin lesion/moles, diffuse itching
<b>Neurology</b>	headache, memory loss, blackouts, tremor
<b>Psychiatric</b>	anxiety, depression, hallucination
<b>Endocrine</b>	heat/cold intolerance, unusual hair loss, excessive thirst
<b>Allergic/Immunologic</b>	dry skin/rashes, hives

**Other important health information:** (Please *circle*)

Are you pregnant?	No	Yes	
Have you had prior problems with anesthesia?	No	Yes	If yes, type of reaction?
Do you have chest pain or abnormal heartbeat?	No	Yes	
Do you have prolonged bleeding when you are cut?	No	Yes	
Are you taking aspirin daily?	No	Yes	
Do you have HIV?	No	Yes	