

ADULT PATIENT INFORMATION

Date: _____

Patient Name: _____

Date of Birth _____

PAST MEDICAL HISTORY/HISTORY OF PRESENT ILLNESS

What is the medical problem which brought you here today?

How long has this been a problem?

What makes it better?

How frequently does this occur?

What makes it worse?

Please circle if you have had any of the following conditions:

- | | | | | |
|-----------|---------------|---------------------|---------------------|----------|
| Asthma | Allergies | Heart Disease | Sickle Cell Disease | Seizures |
| Hepatitis | Reflux | Thyroid Disease | Pituitary Disease | AIDS |
| Cancer | Free Bleeding | Glaucoma | Severe Head Injury | Stroke |
| Pacemaker | Diabetes | Take blood thinners | High Blood Pressure | |

Any other significant medical problems/hospitalizations?

Please list all surgical procedures not mentioned above and approximate dates:

Are you allergic to any medications? (Circle) Yes No

Please list any drug allergies:

FAMILY HISTORY

Has anyone in your immediate family had (circle all that apply):

- | | | | |
|-----------|---------------------------------|----------------------------|----------------------|
| Allergies | Excessive bleeding | Hearing loss before age 40 | Stroke before age 60 |
| Asthma | Complications due to anesthesia | Heart Attack before age 50 | Cancer before age 60 |

SOCIAL HISTORY

What is your occupation?

What is your marital status (circle): Single Married Divorced Separated Widowed

Do you use tobacco (circle all that apply): Never Previously Current
Dip Chew Cigarettes Pipe Cigars
How much? _____ How many years? _____

Do you drink alcoholic beverages? _____ How much per week? _____

Do you have now or ever had a significant problem with (Circle all that apply):

- Significant recent weight loss
- Significant recent weight gain
- Un-explained fever
- Eye pain
- Eye injury
- Double vision
- Ear pain
- Ringing in ears
- Hearing loss
- Drainage from ear
- Bleeding from ear
- Can't breathe well through nose
- Pain in nose
- Bleeding from nose
- Discolored drainage from nose
- Vertigo (spinning sensation)
- Poor balance
- Seizures
- Headaches
- Numbness
- Muscle weakness in face
- Depression
- Currently under psychiatric care
- Excessive thirst
- Heat/cold intolerance
- Lump in neck, armpit, or groin
- Easy bruising or unusual bleeding
- Itchy eyes
- Sneezing
- Post nasal drainage
- Throat Pain
- Skin rashes or hives
- Spitting of blood
- Nasal stuffiness
- Hoarseness
- Food allergies
- Difficulty swallowing
- Chest pain
- Nausea
- Heartburn
- Shortness of breath
- Vomiting
- Chronic cough

LIST OF CURRENT MEDICATIONS

Name: _____ Date: _____

Medication (Brand and/or Generic Name)	Dose	How often do you take the medication?

List any medication allergies:
