Medical History:

*Please check off any of the following medical conditions that you **currently have**:*

- ☐ NONE
- ☐ Cancer: Bone
- ☐ Cancer: Brain
- ☐ Cancer: Breast
- ☐ Cancer: Cervical
- ☐ Cancer: Chronic lymphocytic leukemia
- ☐ Cancer: Colon
- ☐ Cancer: Endometrial
- ☐ Cancer: Esophageal
- ☐ Cancer: Head and Neck
- ☐ Cancer: Leukemia
- ☐ Cancer: Liver
- ☐ Cancer: Lung
- ☐ Cancer: Lymphoma
- ☐ Cancer: Myeloma
- ☐ Cancer: Ovarian
- ☐ Cancer: Prostate
- ☐ Cancer: Pancreas
- ☐ Cancer: Sarcoma (soft tissue)
- ☐ Cancer: Skin - Basal cell carcinoma
- ☐ Cancer: Skin - Melanoma
- ☐ Cancer: Skin - Merkel cell carcinoma
- ☐ Cancer: Skin - Squamous cell carcinoma
- ☐ Cancer: Other
- ☐ Cardio: Arrhythmia
- ☐ Cardio: Atrial fibrillation
- ☐ Cardio: Cardiomyopathy
- ☐ Cardio: Congestive heart failure
- ☐ Cardio: Coronary artery disease
- ☐ Cardio: Hyperlipidemia/High Cholesterol
- ☐ Cardio: Hypertension/High blood pressure
- ☐ Cardio: Myocardial infarction/Heart attack
- ☐ Cardio: Valve disease; valve prolapse, stenosis, or "leaky" valve
- ☐ Cardio: Other
- ☐ Endocrine: Diabetes
- ☐ Endocrine: Diabetes, Type 1
- ☐ Endocrine: Diabetes, Type 2
- ☐ Endocrine: Pituitary adenoma or other pituitary problem
- ☐ Endocrine: Thyroid disease
- ☐ Endocrine: Other
- ☐ General: Eating disorder
- ☐ General: Obesity
- ☐ General: Sexually transmitted infection
- ☐ GI: Barrett's Esophagus
- ☐ GI: Cholecystitis (gallbladder disease) or gallstones
- ☐ GI: Cirrhosis
- ☐ GI: Diverticulitis
- ☐ GI: Diverticulosis
- ☐ GI: Hemorrhoids
- ☐ GI: Incontinence
- ☐ GI: Inflammatory bowel disease
- ☐ GI: Irritable bowel syndrome
- ☐ GI: Liver Disease: Auto-Immune Hepatitis
- ☐ GI: Liver Disease - Hepatitis
- ☐ GI: Liver Disease - Hepatitis A
- ☐ GI: Liver Disease - Hepatitis B
- ☐ GI: Liver Disease - Hepatitis C
- ☐ GI: Liver Disease - Cirrhosis
- ☐ GI: Liver Disease: Sclerosing Cholangitis
- ☐ GI: Reflux/GERD
- ☐ GI: Other
- ☐ Uro: Benign prostatic hypertrophy (large prostate)
- ☐ Uro: End stage renal disease (kidney failure)
- ☐ Uro: Incontinence
- ☐ Uro: Kidney Stones
- ☐ Uro: Recurrent urinary tract infections
- ☐ Uro: Urinary/kidney reflux
- ☐ Uro: Other
- ☐ Ob/Gyn: Endometriosis
- ☐ Ob/Gyn: Fibroids
- ☐ Ob/Gyn: HPV (Papilloma virus/warts)
- ☐ Ob/Gyn: Polycystic ovary disease
- ☐ Ob/Gyn: Pregnancy history
- ☐ Ob/Gyn: Other
- ☐ Immuno: HIV
- ☐ Immuno: Immunodeficiency
- ☐ Immuno: Other
- ☐ Lymph: Anemia
- ☐ Lymph: Bleeding disorder/Hemophilia
- ☐ Lymph: Blood clotting disorder
- ☐ Lymph: Neutropenia (low white blood count)
- ☐ Lymph: Sickle cell anemia
- ☐ Lymph: Thrombocytopenia (low platelets)
- ☐ Lymph: Other
- ☐ Ortho: Arthritis
- ☐ Ortho: Degenerative joint disease
- ☐ Ortho: Osteoporosis
- ☐ Ortho: Spinal stenosis
- ☐ Ortho: Other
- ☐ Neuro: ALS
- ☐ Neuro: Alzheimer's
- ☐ Neuro: Autism
- ☐ Neuro: Cerebral (brain) aneurysm
- ☐ Neuro: Cerebral palsy
- ☐ Neuro: CVA/Stroke
- ☐ Neuro: Dementia
- ☐ Neuro: Developmental delay
- ☐ Neuro: Headaches Cluster
- ☐ Neuro: Headaches Migraine
- ☐ Neuro: Headaches Muscular Tension
- ☐ Neuro: Headaches (specify type)
- ☐ Neuro: MS (Multiple sclerosis)
- ☐ Neuro: Parkinson's
- ☐ Neuro: Seizures
- ☐ Neuro: Other
- ☐ Ophth/Opt: Blindness
- ☐ Ophth/Opt: Macular degeneration
- ☐ Ophth/Opt: Cataracts
- ☐ Ophth/Opt: Glaucoma
- ☐ Ophth/Opt: Detached retina
- ☐ Ophth/Opt: Other
- ☐ Psych: Anxiety
- ☐ Psych: Bipolar disorder
- ☐ Psych: Depression
- ☐ Psych: Personality Disorder
- ☐ Psych: Psychosis
- ☐ Psych: Schizophrenia
- ☐ Psych: Other
- ☐ Pulm: Asthma
- ☐ Pulm: Bronchiectasis

- ☐ Pulm: COPD
- ☐ Pulm: Cystic Fibrosis
- ☐ Pulm: Emphysema
- ☐ Pulm: Obstructive sleep apnea (OSA)
- ☐ Pulm: Pulmonary Embolism
- ☐ Pulm: Pulmonary Fibrosis
- ☐ Pulm: Pulmonary Hypertension
- ☐ Pulm: Other
- ☐ Rheum: Autoimmune disorder (specify type)
- ☐ Rheum: Fibromyalgia
- ☐ Rheum: Gout
- ☐ Rheum: Lupus
- ☐ Rheum: Rheumatoid Arthritis
- ☐ Rheum: Scleroderma
- ☐ Rheum: Sjorgren's syndrome
- ☐ Rheum: Other
- ☐ Vasc: Peripheral artery disease
- ☐ Vasc: Carotid stenosis
- ☐ Vasc: Abdominal aortic aneurysm
- ☐ Vasc: Thoracic aortic aneurysm
- ☐ Vasc: Other
- ☐ Other

Surgical History:

Please tell us about your surgical history. Check all that apply.

- ☐ NONE
- ☐ Abdominal/GI: Abdominoperineal resections (APR)
- ☐ Abdominal/GI: Appendectomy
- ☐ Abdominal/GI: Bariatric surgery (specify type)
- ☐ Abdominal/GI: Bowel resection
- ☐ Abdominal/GI: Cholecystectomy (gallbladder)
- ☐ Abdominal/GI: Colectomy - Colon resection
- ☐ Abdominal/GI: Colectomy - Diverticulitis
- ☐ Abdominal/GI: Colectomy - Inflammatory bowel disease
- ☐ Abdominal/GI: Colostomy
- ☐ Abdominal/GI: Esophagectomy
- ☐ Abdominal/GI: Exploratory bowel surgery
- ☐ Abdominal/GI: Gastrectomy (stomach resection)
- ☐ Abdominal/GI: Hepatectomy (liver resection)
- ☐ Abdominal/GI: Hemorrhoidectomy
- ☐ Abdominal/GI: Hernia repair
- ☐ Abdominal/GI: Liver Shunt
- ☐ Abdominal/GI: Liver transplant
- ☐ Abdominal/GI: Low anterior resection
- ☐ Abdominal/GI: Pancreas resection
- ☐ Abdominal/GI: Splenectomy
- ☐ Abdominal/GI: Other
- ☐ Breast: Lumpectomy (Both Breasts)
- ☐ Breast: Lumpectomy (Left Breast)
- ☐ Breast: Lumpectomy (Right Breast)
- ☐ Breast: Mastectomy (Both Breasts)
- ☐ Breast: Mastectomy (Left Breast)
- ☐ Breast: Mastectomy (Right Breast)
- ☐ Breast: Other
- ☐ Cosmetic: Breast augmentation
- ☐ Cosmetic: Breast reduction
- ☐ Cosmetic: Eyelid (blepharoplasty)
- ☐ Cosmetic: Facelift
- ☐ Cosmetic: Liposuction
- ☐ Cosmetic: Rhinoplasty
- ☐ Cosmetic: Tummy tuck
- ☐ Cosmetic: Other
- ☐ Heart: Biological Valve Replacement
- ☐ Heart: Coronary artery bypass surgery (CABG)
- ☐ Heart: Heart transplant
- ☐ Heart: Mechanical Valve Replacement
- ☐ Heart: Pacemaker
- ☐ Heart: PTCA (Percutaneous transluminal coronary angioplasty)
- ☐ Heart: Thoracic aortic aneurysm repair
- ☐ Heart: Other
- ☐ Lymph: Lymph node biopsy (specify location)
- ☐ Lymph: Other
- ☐ Neurosurgery: Craniotomy
- ☐ Neurosurgery: Pituitary
- ☐ Neurosurgery: Spine - Discectomy
- ☐ Neurosurgery: Spine - Fusion
- ☐ Neurosurgery: Spine - Hardware
- ☐ Neurosurgery: Spine - Laminectomy
- ☐ Neurosurgery: Tumor removal
- ☐ Neurosurgery: VP shunt
- ☐ Neurosurgery: Other
- ☐ Ob/Gyn: Bilateral tube ligation (tube tie)
- ☐ Ob/Gyn: Caesarean section
- ☐ Ob/Gyn: Dilation and curettage (D&C of uterus)
- ☐ Ob/Gyn: Hysterectomy - Caesarean section
- ☐ Ob/Gyn: Hysterectomy - Cervical cancer
- ☐ OB/Gyn: Hysterectomy - Uterine cancer
- ☐ Ob/Gyn: Oophorectomy (ovary resection)
- ☐ Ob/Gyn: Tubal Ligation

- ☐ Ob/Gyn: Other
- ☐ Ophth/Opt: Cataract surgery
- ☐ Ophth/Opt: Corneal surgery
- ☐ Ophth/Opt: Glaucoma surgery
- ☐ Ophth/Opt: Injections
- ☐ Ophth/Opt: Lasik
- ☐ Ophth/Opt: Lid
- ☐ Ophth/Opt: Macular hole
- ☐ Ophth/Opt: Retinal detachment repair
- ☐ Ophth/Opt: Laser retinal surgery
- ☐ Ophth/Opt: Other
- ☐ Ortho: Carpal tunnel
- ☐ Ortho: Hip arthroscopic surgery
- ☐ Ortho: Hip replacement
- ☐ Ortho: Knee arthroscopic surgery
- ☐ Ortho: Knee replacement
- ☐ Ortho: Shoulder arthroscopic surgery
- ☐ Ortho: Shoulder replacement
- ☐ Ortho: Surgical fracture repair (ORIF - specify bone)
- ☐ Ortho: Tumor resection
- ☐ Ortho: Other
- ☐ Pulm: Lung transplant
- ☐ Pulm: Pleurodesis
- ☐ Pulm: Pneumonectomy (lung resection)
- ☐ Pulm: Other
- ☐ Skin: Basal Cell Carcinoma
- ☐ Skin: Melanoma
- ☐ Skin: MOHs resection
- ☐ Skin: Skin Biopsy
- ☐ Skin: Squamous Cell Carcinoma
- ☐ Skin: Wide local resection
- ☐ Skin: Other
- ☐ Uro: Cystectomy
- ☐ Uro: Implant
- ☐ Uro: Kidney stone removal
- ☐ Uro: Kidney transplant
- ☐ Uro: Nephrectomy (kidney resection)
- ☐ Uro: Orchiectomy (testicle resection)
- ☐ Uro: Prostatectomy - Prostate Cancer
- ☐ Uro: Prostatectomy - TURP
- ☐ Uro: Other
- ☐ Vascular: Abdominal aortic aneurysm repair
- ☐ Vascular: AV shunt (for dialysis access)
- ☐ Vascular: Carotid endarterectomy
- ☐ Vascular: Vascular bypass (leg vessels)
- ☐ Vascular: Other
- ☐ Breast: Lumpectomy (Both Breast)
- ☐ Breast: Lumpectomy (Left Breast)
- ☐ Breast: Lumpectomy (Right Breast)
- ☐ Breast: Mastectomy (Both Breast)
- ☐ Breast: Mastectomy (Left Breast)
- ☐ Breast: Mastectomy (Right Breast)
- ☐ Ortho: Carpal tunnel
- ☐ Colon (Colectomy) : Colon Cancer Resection
- ☐ Colon (Colectomy) : Diverticulitis
- ☐ Colon (Colectomy) : Inflammatory Bowel Disease
- ☐ Colon: Colostomy
- ☐ Esophagectomy
- ☐ Eye: Cataract
- ☐ Eye: Glaucoma Surgery
- ☐ Eye: Laser Surgery
- ☐ Gallbladder (Cholecystectomy)
- ☐ Gastrectomy
- ☐ Heart: Coronary Artery Bypass Surgery
- ☐ Kidney: Kidney Stone Removal
- ☐ Kidney: Kidney Transplant
- ☐ Kidney: Neprectomy
- ☐ Liver: Hepatectomy
- ☐ Liver: Liver Transplant
- ☐ Liver: Shunt
- ☐ Lymph Node Excision
- ☐ Neuro: Crani
- ☐ ORIF
- ☐ Ovaries (Oophorectomy) : Ovarian Cancer
- ☐ Ovaries: Tubal Ligation
- ☐ Pancreas: Pancreatectomy
- ☐ Prostate (Prostatectomy): Prostate Cancer
- ☐ Prostate (Prostatectomy): TURP
- ☐ Rectum: APR
- ☐ Rectum: Low Anterior Resection
- ☐ Spine: Discectomy
- ☐ Spine: Fusion
- ☐ Spine: Hardware
- ☐ Spine: Laminectomy
- ☐ Uterus (Hysterectomy): Cesearean Section
- ☐ Uterus (Hysterectomy): Uterine Cancer
- ☐ Uterus (Hysterectomy): Cervical Cancer
- ☐ Other _____

ENT History:

*Please check off any of the following procedure you **have had** and **provide date of procedure**:*

ENT Disease History

- ☐ None
- ☐ Cancer: Head and neck Cancer - specify location
- ☐ Cancer: Lymphoma, neck nodes
- ☐ Cancer: Sinus or nasal cavity
- ☐ Cancer: Skin - basal cell carcinoma
- ☐ Cancer: Skin - Melanoma
- ☐ Cancer: Skin - other type - specify
- ☐ Cancer: Skin - squamous cell carcinoma
- ☐ Ear: Acoustic neuroma
- ☐ Ear: Cholesteatoma
- ☐ Ear: Hearing loss
- ☐ Ear: Mastoiditis
- ☐ Ear: Other
- ☐ Ear: Otitis externa (swimmer's ear)
- ☐ Ear: Otitis media (middle ear infection)
- ☐ Ear: Otosclerosis
- ☐ Ear: Tinnitus (ringing or other noise of the ear)
- ☐ Ear: Vertigo
- ☐ General: Facial fractures
- ☐ General: Other
- ☐ General: reflux
- ☐ Larynx/trachea: Papillomas
- ☐ Larynx/trachea: Subglottic stenosis
- ☐ Larynx/trachea: Tracheal stenosis
- ☐ Larynx/trachea: Vocal cord nodules
- ☐ Larynx/trachea: Vocal cord paralysis
- ☐ Larynx/trachea: Vocal cord polyps
- ☐
- ☐ Larynx: Other
- ☐ Nasal: Deviated septum
- ☐ Nasal: Epistaxis (nose bleeds)
- ☐ Nasal: Loss of smell
- ☐ Nasal: Nasal fracture
- ☐ Nasal: Nasal obstruction
- ☐ Nasal: Other
- ☐ Nasal: Polyps
- ☐ Nasal: Rhinitis (allergies)
- ☐ Nasal: Septal perforation
- ☐ Nasal: Sinusitis
- ☐ Nasal: Turbinate hypertrophy
- ☐ Neck: Branchial cleft cyst
- ☐ Neck: Hyperparathyroidism
- ☐ Neck: Neck mass
- ☐ Neck: Other
- ☐ Neck: Parotid tumor
- ☐ Neck: Sialoadenitis (infected or inflamed salivary gland)
- ☐ Neck: Sialolithiasis (stone of the salivary gland)
- ☐ Neck: Thyroglossal duct cyst
- ☐ Neck: Thyroid nodules
- ☐ Oral: other
- ☐ Oral: Sleep apnea
- ☐ Oral: Tonsillitis
- ☐ Oral: Ulcers
- ☐ Other

_____

ENT Surgical History

- ☐ None
- ☐ Ear: Acoustic neuroma resection
- ☐ Ear: Mastoidectomy
- ☐ Ear: Myringotomy and tubes (specify ear)
- ☐ Ear: Myringotomy (specify ear)
- ☐ Ear: Other - specify
- ☐ Ear: Otoplasty
- ☐ Ear: Stapedectomy
- ☐ Ear: Tympanoplasty (repair ear drum)
- ☐ Head and neck: Lymph node biopsy
- ☐ Head and neck: Neck dissection
- ☐ Head and neck: Other - specify
- ☐ Head and neck: Parathyroidectomy
- ☐ Head and neck: Parotidectomy
- ☐ Head and neck: Resection in mouth or throat - specify
- ☐ Head and neck: Skin graft
- ☐ Head and neck: Skin resection
- ☐ Head and neck: Submandibular gland excision
- ☐ Head and neck: Thyroglossal duct cyst excision
- ☐ Head and neck: Thyroidectomy
- ☐ Head and neck: Tracheotomy
- ☐ Nose: Balloon sinuplasty
- ☐ Nose: Endoscopic sinus surgery
- ☐ Nose: Nasal fracture repair
- ☐ Nose: Other - specify
- ☐ Nose: Rhinoplasty
- ☐ Nose: Septoplasty
- ☐ Nose: Turbinate reduction
- ☐ Throat: Adenoidectomy
- ☐ Throat: Other - specify
- ☐ Throat: Sleep apnea surgery - uvulopalatopharyngoplasty (UPPP)
- ☐ Throat: Tonsillectomy
- ☐ Other

_____

ENT Family History

- ☐ None
- ☐ Allergies
- ☐ Asthma
- ☐ Hearing Loss
- ☐ Otitis Media
- ☐ Sinusitis
- ☐ Smoking
- ☐ Thyroid Cancer
- ☐ Thyroid Disease
- ☐ Other _____

ENT Pediatric History

- ☐ None
- ☐ Cleft Lip
- ☐ Cleft Palate
- ☐ Otitis Media
- ☐ Other _____

Medications: ☐ None

Please list all medications you are currently taking:

Drug: _____ Dosage: _____ Frequency: ____ Drug: _____ Dosage: _____ Frequency: ____

Drug: _____ Dosage: _____ Frequency: ____ Drug: _____ Dosage: _____ Frequency: ____

Drug: _____ Dosage: _____ Frequency: ____ Drug: _____ Dosage: _____ Frequency: ____

Allergies: ☐ None

Please list all known allergies (environment, drug, food), as well as the type of reaction and level of severity:

Allergy: _____ Reaction: _____ Severity: _____

Allergy: _____ Reaction: _____ Severity: _____

Allergy: _____ Reaction: _____ Severity: _____

Allergy: _____ Reaction: _____ Severity: _____

Social History:

Smoking Status:

- ☐ NEVER
- ☐ Former Smoker
- ☐ Light Tobacco Smoker
- ☐ Heavy Tobacco Smoker
- ☐ Current Some Day smoker
- ☐ Current Everyday Smoker
- ☐ Cigar Smoker
- ☐ Chewing Tobacco User

If applicable:

When did you start smoking? _____ Number of packs per day: _____

When did you quit smoking? _____ Total number of years smoking: _____

Alcohol Consumption:

- ☐ None
- ☐ Less than 1 Drink per Day
- ☐ 1-2 Drinks per Day
- ☐ 3+ Drinks per Day
- ☐ Other: _____

Other details:

- ☐ Drug Use
- ☐ IV Drug Use
- ☐ Patient Consumes Caffeine (Frequency: _____)
- ☐ Patient Feels Safe at Home

Employer & Occupation: _____

Family History:

Please list any family history of illness or disease:

Disease/Illness: _____ Relation: _____ Deceased? Yes No

Disease/Illness: _____ Relation: _____ Deceased? Yes No

Disease/Illness: _____ Relation: _____ Deceased? Yes No

Disease/Illness: _____ Relation: _____ Deceased? Yes No

Let us know if there is anything else you would like to disclose:

_____

_____