CLINICAL HISTORY

MARLOWE & MARRS
EAR, NOSE & THROAT

SOCIAL HISTORY- PLEASE CHECK THE APPROPRIATE BOXES AND FILL IN ACCURATE AMOUNTS OF STANDARD PORTIONS

Mental Work
☐ Heavy ☐ Omit
☐ Moderate
☐ Light ☐ None
No. Hours Per Day: _____

Physical Work
☐ Heavy ☐ Omit
☐ Moderate
☐ Light ☐ None
No Hours Per Day: _____

Exercise
☐ Heavy Type: _____
☐ Moderate _____
☐ Light ☐ None
No. Hours Per Week: _____

Alcohol
☐ Beer /Week: _____
☐ Liquor/Week: _____
☐ Wine /Week: _____
No. Of Years: ____ ☐None

Smoking
☐ Current ☐ Previous
No. Of Packs / Day:
No. of Years: ___ Quit Yr:____
Other: _____ ☐ None

Caffeine
☐ Coffee ☐ Tea ☐ Cola
☐ Other: _____
Cups Per Day: _____
No. Of Years: _____ ☐ None

Aspirin
No. Per Day: _____
No. Of Years: _____
Other: _____
☐ None

Nutritional Information
☐ Low Sodium Diet ☐ Diabetic Diet
☐ Low Fat Diet ☐ Low Carb Diet
☐ Low Cholesterol Diet
☐ Other: _____

Miscellaneous Drugs
☐ Vitamins ☐ Pain Pills ☐ Marijuana
☐ Laxatives ☐ Sleeping Pills ☐ Cocaine
☐ Antacids ☐ Nutrasweet ☐ Amphetamines
☐ Diet Pills ☐ Saccharin ☐ Other_____

REVIEW OF SYMPTOMS – CHECK ONLY THE ONES YOU NOW HAVE OR HAVE HAD RECENTLY.

GENERAL : ☐ WEAKNESS ☐ FATIGUE ☐ MALAISE ☐ CHILLS ☐ NIGHT SWEATS ☐ FAINTING ☐ DIZZINESS

SKIN : ☐ COLOR CHANGES ☐ RASHES ☐ ITCHING ☐ SORES ☐ DRYNESS

HEAD : ☐ HEADACHES ☐ INJURIES ☐ BUMPS

EYES : ☐ BLURRED VISION ☐ REDNESS ☐ ITCHING ☐ BURNING ☐ SWELLING ☐ PAIN ☐ DRYNESS ☐ TEARING

EARS : ☐ HEARING LOSS ☐ RINGING ☐ DISCHARGE ☐ EARACHE ☐ ITCHING ☐ PLUGGED/BLOCKED/FULLNESS ☐ PRESSURE ☐ FLUCTUATION OF HEARING ☐ PAIN ☐ HEARING NOISES

NOSE : ☐ DECREASED SMELL ☐ BLEEDING ☐ PAIN ☐ DISCHARGE ☐ OBSTRUCTION ☐ POST NASAL DRIP ☐ DEVIATED SEPTUM ☐ RUNNY NOSE ☐ SINUS CONGESTION ☐ NASAL CONGESTION ☐ SNORING

MOUTH : ☐ BLEEDING GUMS ☐ SORES ☐ DENTAL PROBLEMS ☐ PAIN ☐ BAD BREATH ☐ LOSS OF TASTE ☐ DRYNESS ☐ ULCERS ☐ BLISTERS

THROAT : ☐ SORE THROAT ☐ BAD TONSILS ☐ HOARSENESS ☐ PAIN ☐ HARD TO SWALLOW ☐ RECURRENT INFECTIONS ☐ WHITE SPOTS

NECK : ☐ ENLARGEMENT ☐ STIFFNESS ☐ SORENESS ☐ PAIN ☐ LUMPS ☐ MASSES

LUNGS : ☐ COUGH ☐ PHLEGM ☐ COUGHED BLOOD ☐ SHORTNESS OF BREATH ☐ WHEEZING ☐ PAIN IN LUNGS ☐ CHEST CONGESTION ☐ INHALANT EXPOSURE

HEART : ☐ MURMUR ☐ PALPITATIONS ☐ RAPID HEARTBEAT ☐ SWOLLEN EXTREMITIES ☐ CHEST PAINS ☐ BLOOD CLOTS

GASTROINTESTINAL : ☐ ABDOMINAL PAIN ☐ NAUSEA ☐ VOMITING ☐ BLOATEDNESS ☐ BELCHING ☐ HEARTBURN ☐ INDIGESTION

NEUROLOGICAL : ☐ SEIZURES ☐ VERTIGO ☐ LOSS OF FACIAL EXPRESSION ☐ PARALYSIS ☐ SLURRED SPEECH ☐ TINGLING/BURNING/NUMBING ☐ DISORENTATION

ENDOCRINE : ☐ WEIGHT LOSS ☐ WEIGHT GAIN ☐ HOARSENESS ☐ VOICE CHANGES ☐ HYPOGLYCEMIA ☐ DIABETES

PSYCHIATRIC : ☐ HYPERVENTILATION ☐ ALCOHOL ABUSE ☐ DRUG USE ☐ PANIC DISORDER ☐ DEPRESSION