ANNE ARUNDEL EAR, NOSE & THROAT
DR. ROBERT B. MEEK, III
600 RIDGELY AVENUE, STE 110
ANNAPOLIS, MD 21401
PHONE: 410-573-9191 FAX: 410-573-5910

Name: _____

Primary Physician: _____

Height_____ft_____inches **Local Pharmacy:** _____

Mail Order Pharmacy: _____

Allergies

Allergy	Reaction
_____	_____
_____	_____
_____	_____

Medications

Name	Dosage	Reason prescribed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Past Medical History (please circle)

Respiratory Disease	**Arthritis**
Bleeding Problems	**Cancer (Type:_____)**
Diabetes	**Heart Disease**
High Blood Pressure	**Stroke**
Neurological Disease	**Liver Disease, Hepatitis**
HIV, Infectious Disease	**Gastrointestinal Disease**
Kidney Disease	**Autoimmune Disease**

Other Medical Conditions: _____

Psychiatric History: _____

Past Surgical History

Date	Procedure
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Alcohol Consumption Yes No _____ # of drinks per week

Tobacco Consumption Yes No Type _____ _____ /per week

Caffeine Consumption Yes No Type _____ _____ /per day

Exercise Yes No

Occupation_____