Patients Last Name: ________________________________ ***First Name:*** ________________________

Patients DOB: _____/_____/_______ Primary Physician: ______________________________________

What is the primary reason for your appointment? ____

When did the problem start? _____________________________

Where is the problem located?

- ☐ Bilateral Ears
- ☐ Left Eye
- ☐ Right Eye
- ☐ face
- ☐ forehead
- ☐ head
- ☐ left cheek
- ☐ Left ear
- ☐ left side of jaw
- ☐ lower lip
- ☐ mouth/orophaynx
- ☐ neck
- ☐ nose
- ☐ right cheek
- ☐ Right ear
- ☐ right side of jaw
- ☐ scalp
- ☐ throat
- ☐ tongue
- ☐ upper lip

Other: ______________________________________

What is the nature of the problem?

- ☐ aching
- ☐ acute
- ☐ constant
- ☐ diffuse
- ☐ improving
- ☐ irritating
- ☐ itching
- ☐ numb
- ☐ painful
- ☐ pinching
- ☐ radiating
- ☐ sharp
- ☐ shooting
- ☐ slowly progressing
- ☐ stabbing
- ☐ steadily worsening
- ☐ throbbing
- ☐ tightness
- ☐ tingling
- ☐ unchanging
- ☐ worsening

Other: ______________________

When does the problem occur?

- ☐ after accident
- ☐ after eating
- ☐ after exercise
- ☐ afternoon
- ☐ comes in waves
- ☐ constant
- ☐ few seconds
- ☐ half hour
- ☐ intermittent
- ☐ evening
- ☐ occasional
- ☐ seasonal
- ☐ sudden onset
- ☐ unrelenting
- ☐ varies daily
- ☐ varies monthly
- ☐ waxes and wanes
- ☐ while eating

Other: ______________________________________

What are the signs / symptoms associated with your problem?

- ☐ black scab
- ☐ bleeding
- ☐ bleeding occas.
- ☐ blister
- ☐ blood clots
- ☐ blood discharge
- ☐ bruising
- ☐ bumps
- ☐ burning
- ☐ dizziness
- ☐ draining clear
- ☐ draining white debris
- ☐ draining yellow
- ☐ dry/flaky
- ☐ ear canal pain on chewing
- ☐ edema
- ☐ elevated
- ☐ external ear inflammation
- ☐ face flushed
- ☐ fast growing
- ☐ firm
- ☐ flaky
- ☐ flushed
- ☐ fullness of ear
- ☐ hearing loss
- ☐ indented
- ☐ inflamed
- ☐ itching
- ☐ lightheadedness
- ☐ numb
- ☐ odor from wound
- ☐ otalgia
- ☐ pain
- ☐ pressure
- ☐ raised
- ☐ redness
- ☐ sharp
- ☐ stiffness
- ☐ swelling
- ☐ tender
- ☐ tender bumps
- ☐ throbbing
- ☐ tingling

Additional details: ____

____

____

DRUG ALLERGIES:

☐ No Known Drug Allergies

DRUG ALLERGIES	**Reaction**	**Severity**	**Onset**

MEDICATION LIST:

☐ No current medications

Medication Name	Dosage (e.g. mg)	How many times/day

PRIOR SURGERIES:

☐ No prior surgeries

Prior Surgeries	Date (Approximate)	Surgeon

Patients Past Medical History:

- ☐ Acute hepatitis C
- ☐ AIDS
- ☐ Anemia
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Autoimmune disease
- ☐ Bleeding
- ☐ Cancer
- ☐ Chronic Infection
- ☐ Chronic obstructive lung disease
- ☐ Congenital heart disease
- ☐ Congestive heart failure
- ☐ Diabetes mellitus type 1
- ☐ Diabetes mellitus type 2
- ☐ Disorder of thyroid gland
- ☐ Emphysema
- ☐ GERD
- ☐ Graves disease
- ☐ Headache
- ☐ Hearing Loss
- ☐ History of - depression
- ☐ HIV
- ☐ Hypercholesterolemia
- ☐ Hypertensive disorder
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Irregular Heart Beat
- ☐ Kidney disease
- ☐ Migraine
- ☐ Multinodular goiter
- ☐ Otosclerosis
- ☐ Seasonal allergies
- ☐ Seizure disorder
- ☐ Sleep apnea
- ☐ Stomach Ulcer
- ☐ Stroke
- ☐ Tinnitus
- ☐ Vertigo

Other:____

____

What is your smoking status?

- ○ Never smoker
- ○ Social smoker
- ○ Daily smoker
- ○ Chewing Tobacco
- ○ Former smoker Quit: _______________ (date)

Alcohol status?

- ☐ None
- ☐ Social drinker
- ☐ Daily drinker
- ☐ Habitual drinker

<u>Patient's Family History</u>: No significant family history □

Check below if any family members have the following medical history:

	Mother	Father	Maternal grandmother	Maternal grandfather	Paternal grandmother	Paternal grandfather	Sister	Brother
Allergy	□	□	□	□	□	□	□	□
Anemia	□	□	□	□	□	□	□	□
Autoimmune Disease	□	□	□	□	□	□	□	□
Bleeding Disorder	□	□	□	□	□	□	□	□
Cancer	□	□	□	□	□	□	□	□
Coronary Artery Disease	□	□	□	□	□	□	□	□
Diabetes Mellitus Type 1	□	□	□	□	□	□	□	□
Diabetes Mellitus Type 2	□	□	□	□	□	□	□	□
Hearing Loss	□	□	□	□	□	□	□	□
Hyper cholesterolemia	□	□	□	□	□	□	□	□
Hypertension	□	□	□	□	□	□	□	□
Kidney Disease	□	□	□	□	□	□	□	□
Myocardial Infarction	□	□	□	□	□	□	□	□
Otosclerosis	□	□	□	□	□	□	□	□
Seizure Disorder	□	□	□	□	□	□	□	□
Stroke	□	□	□	□	□	□	□	□
Thyroid Dis.	□	□	□	□	□	□	□	□