

## ENT CASE HISTORY

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pediatrician/Family physician: \_\_\_\_\_

Pharmacy Name & Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever seen one of our providers in the past?  Yes  No

Are your child's immunizations up to date?  Yes  No

Is the child exposed to second hand smoke?  Yes  No

**Surgical History:**

- |  |  |  |                                    |
|--|--|--|------------------------------------|
| <input type="radio"/> Patient has had no surgeries | <input type="radio"/> Sinus surgery      | <input type="radio"/> Airway surgery   | <input type="radio"/> VP shunt     |
| <input type="radio"/> Ear surgery                  | <input type="radio"/> Ear tube insertion | <input type="radio"/> Tonsils removed  | <input type="radio"/> Other: _____ |
| <input type="radio"/> Cleft lip/palate repair      | <input type="radio"/> Heart surgery      | <input type="radio"/> Adenoids removed |                                    |

Allergies:  No known allergies \_\_\_\_\_

Medications:  No medications at this time \_\_\_\_\_

**Please check any symptom below that is currently a problem for the patient:**

**General:**

- Fevers
- Chills
- Swelling
- Anorexia
- Fatigue
- Sleepiness
- Sleep problems
- Malaise
- Weight gain
- Weight loss
- Speech delay

**Ears/Nose/Throat:**

- Ear pain/discharge
- Tinnitus
- Decreased hearing
- Nasal obstruction or discharge
- Nosebleeds
- Sore throat
- Hoarseness
- Difficulty swallowing

**Gastrointestinal:**

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Change in bowel habits
- Abdominal pain
- Melena
- Hematochezia
- Jaundice

**Neurologic:**

- Paralysis
- Weakness
- Seizures
- Syncope
- Tremors
- Vertigo

**Cardiovascular:**

- Chest pain
- Palpitations
- Syncope
- Dyspnea on exertion
- Orthopnea
- Peripheral edema

**Musculoskeletal:**

- Back pain
- Joint pain
- Joint swelling
- Muscle cramps
- Muscle weakness
- Stiffness

**Psychiatric:**

- Depression
- Anxiety
- Memory loss
- Mental disturbance
- Suicidal ideation
- Hallucinations
- Paranoia

**Eyes:**

- Eye pain
- Vision loss
- Excessive tears
- Blurring
- Diplopia
- Irritation
- Discharge
- Photophobia

**Respiratory:**

- Cough
- Difficulty breathing
- Excessive sputum
- Hemoptysis
- Wheezing

**Skin:**

- Rash
- Itching
- Ulcers/growths
- Excessive scarring
- Bleeding problems
- Dryness
- Suspicious lesions

**Endocrine:**

- Cold intolerance
- Heat intolerance
- Polydipsia
- Polyphagia
- Polyuria
- Weight changes

**Genitourinary:**

- Urinary tract infections
- Incontinence

**Heme/lymphatic:**

- Abnormal bruising
- Bleeding
- Enlarged lymph nodes