

ENT CASE HISTORY

Date: _____ Patient Name: _____ DOB: _____

Pediatrician/Family Physician: _____

Pharmacy Name & Address: _____

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

Eyes:

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

Genitourinary:

- ☐ Urinary tract infections
- ☐ Incontinence

Ear/Nose/Throat:

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

Cardiovascular:

- ☐ Chest Pain
- ☐ Palpitations
- ☐ Syncope
- ☐ Dyspnea on exertion
- ☐ Orthopnea
- ☐ Peripheral edema

Respiratory:

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

Gastrointestinal:

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

Musculoskeletal:

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

Skin:

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

Neurologic:

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

Psychiatric:

- ☐ Depression
- ☐ Anxiety
- ☐ Memory loss
- ☐ Mental disturbances
- ☐ Suicidal ideation
- ☐ Hallucinations
- ☐ Paranoia

Endocrine:

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

Heme/lymphatic:

- ☐ Abnormal bruising
- ☐ Bleeding
- ☐ Enlarged lymph nodes