IDAHO EAR CLINIC

Patient Medical History

List Any Medical Problems Other Doctors Have Diagnosed

Allergies to Medication (Please Print) No Known Drug Allergies ☐

Medication	Reaction

Current Medications (Please Print) No Current Medications ☐

Medication Name	Dosage	Frequency Taken

Surgical History (Please Print) No Surgical History ☐

Surgery	Location & Date

Family History

	List Any Significant Health Problems
Mother	
Father	
Siblings	
Children	

Personal Habits

Do you use tobacco?	Yes ☐ No ☐ Quit ☐ # of years of tobacco use:_____
Do you drink alcohol beverages?	Yes ☐ No ☐
Do you use recreational or street drugs?	Yes ☐ No ☐

Review of Systems

Check if you have, or have had, any symptoms in the following areas to a significant degree.

General	☐ Fevers	☐ Fatigue	Ears	☐ Itching	☐ Hearing Loss	Nose	☐ Obstruction	☐ Bleeding
	☐ Chills	☐ Sleep problems		☐ Pain	☐ Wax		☐ Congestion	☐ Runny nose
	☐ Sweats	☐ Malaise		☐ Fullness	☐ Ringing		☐ Post-nasal drip	☐ Cough
	☐ Anorexia	☐ Weight changes		☐ Pressure	☐ Drainage		☐ Headache	☐ Allergies
Throat	☐ Soreness	☐ Bad breath	Skin	☐ Rash	☐ Scarring	Allergic/ Immunologic	☐ Urticaria	☐ Persistent infections
	☐ Pain	☐ Snoring		☐ Itching	☐ Bleeding		☐ Hay fever	☐ HIV
	☐ Swallowing	☐ Heartburn		☐ Ulcers	☐ Dryness			
	☐ Voice change	☐ Foreign body		☐ Growths	☐ Suspicious lesions			
Neurologic	☐ Paralysis	☐ Syncope	Vestibular	☐ Vertigo	☐ Double vision	Eyes	☐ Pain	☐ Diplopia
	☐ Weakness	☐ Tremors		☐ Imbalance	☐ Dizziness		☐ Vision loss	☐ Irritation
	☐ Paresthesia	☐ Vertigo		☐ Falling			☐ Excessive tears	☐ Discharge
	☐ Seizures	☐ Tingling					☐ Blurriness	☐ Photophobia
Neck	☐ Lump	☐ Thyroid problem	Respiratory	☐ Cough	☐ Coughing up blood	☐ Other pain/discomfort		
	☐ Mass	☐ Pain		☐ Dyspnea	☐ Wheezing			
				☐ Excessive sputum	☐ Asthma			

How Did You Hear About Us?

☐ Dr. _____ ☐ Family/Friend ☐ Newspaper Ad ☐ Internet ☐ Other _____