Eastern Carolina E·N·T
Head & Neck Surgery

Patient History

Eastern Carolina ENT – Head & Neck Surgery, Inc. complies with applicable Federal Civil Rights laws and does not discriminate based on race, color, national origin, age, disability or sex.

Date: ____ / ____ / ____ Name: _____ DOB: ____ / ____ / ____ Age: _____

Reason For Visit: _____

Past Surgeries: _____

Height: _____ Weight: _____

Medical Problems:

☐ Yes ☐ No…Hepatitis (A, B, Or C) _____
☐ Yes ☐ No…High Blood Pressure _____
☐ Yes ☐ No…Arthritis _____
☐ Yes ☐ No…Gastrointestinal _____
☐ Yes ☐ No…Stomach Ulcers _____
☐ Yes ☐ No…Liver _____
☐ Yes ☐ No…Prostate _____
☐ Yes ☐ No…Hiv/Aids _____
☐ Yes ☐ No…Tuberculosis _____
☐ Yes ☐ No…Migraines _____
☐ Yes ☐ No…Mental Illness _____
☐ Yes ☐ No…Heart Disease _____
☐ Yes ☐ No…Heart Defects _____
☐ Yes ☐ No…Heart Valve Problems _____
☐ Yes ☐ No…Prosthetic Implants _____

☐ Yes ☐ No…Lung Disease _____
☐ Yes ☐ No…Asthma _____
☐ Yes ☐ No…Glaucoma _____
☐ Yes ☐ No…Diabetes _____
☐ Yes ☐ No…Kidney Disease _____
☐ Yes ☐ No…Thyroid Disease _____
☐ Yes ☐ No…Anemia _____
☐ Yes ☐ No…Stroke _____
☐ Yes ☐ No…Epilepsy/Seizures _____
☐ Yes ☐ No…Hayfever/Allergies _____
☐ Yes ☐ No…Depression _____
☐ Yes ☐ No…Cancer _____
☐ Yes ☐ No…Sleep Apnea _____
☐ Yes ☐ No…Other _____
☐ Yes ☐ No…Other _____

☐ Yes ☐ No…Do You Require Antibiotics For Dental Work?

☐ Yes ☐ No…BLEEDING PROBLEMS: ☐ Easy bleeding or bleeding after surgery ☐ Any blood relatives who are free bleeders

ALLERGIES: List medicine or food and reaction

1) _____
2) _____
3) _____
4) _____
5) _____

Tobacco Use:
☐ currently smokes
☐ has smoked in the past
☐ never smoked
☐ former smoker

Alcohol Use:
☐ never
☐ occasional
☐ daily
☐ social

850 Johns Hopkins Drive, Greenville, NC 27835
252-752-5227
www.easterncarolinaent.com

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Do you have a family history of any of the following? (Please check)

☐ Tuberculosis	☐ Epilepsy	☐ Arthritis	☐ Hearing Loss	☐ Stroke
☐ Hypertension	☐ Mental Illness	☐ Kidney Disease	☐ Allergies	☐ Migraines
☐ Glaucoma	☐ Cancer	☐ Diabetes	☐ Heart Attack	

REVIEW OF SYMPTOMS:

Check each symptom that applies:

☐ None of these apply

Constitutional	☐ fever ☐ chills ☐ fatigue ☐ weight loss
Musculoskeletal	☐ joint pain ☐ muscle aches
Gastrointestinal	☐ heartburn ☐ trouble swallowing ☐ nausea ☐ vomiting ☐ chronic throat clearing ☐ foreign body sensation
Respiratory	☐ shortness of breath ☐ cough ☐ wheezing
Neurological	☐ facial numbness ☐ facial weakness ☐ facial pain ☐ fainting
Endocrine	☐ excessive hunger ☐ excessive thirst ☐ excessive urination ☐ heat or cold intolerance
ENT	☐ ear pain ☐ hearing loss ☐ throat pain ☐ hoarseness ☐ nasal blockage ☐ altered smell ☐ nasal bleeding
Allergy/Immunologic	☐ nasal itching ☐ watery eyes ☐ skin reactions ☐ frequent nasal/sinus infections ☐ watery nasal discharge ☐ sneezing ☐ postnasal drip ☐ seasonal symptoms- spring, summer, fall, winter
Skin	☐ skin cancer ☐ skin abnormality of head, neck, or face ☐ dryness
Eyes	☐ visual change ☐ double vision
Psychological	☐ anxiety ☐ depression ☐ stress
Cardiovascular	☐ chest pain ☐ spells of passing out ☐ leg swelling
Urinary	☐ excessive frequency of urination ☐ pain with urination

MEDICATIONS YOU TAKE (including aspirin and herbs)

Medication: _____ Dosage: _____ How Often: _____
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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 252-752-5227.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 252-752-5227.

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