

Seattle Head, Neck & Plastic Surgeons, PLLC

NAME _____

MEDICATIONS

No Medications

Please list any medications (with dosage) you are presently taking.

ALLERGIES

No Allergies

Please list any medications you have had an allergic reaction to and the type of reaction.

LIST SURGERIES AND ANY RELATED COMPLICATIONS (Please note year)

No Surgeries

HEIGHT _____

WEIGHT _____

If female, are you or could you be pregnant Y N

HAS A DOCTOR DIAGNOSED AND/OR TREATED YOU FOR ANY OF THE FOLLOWING CONDITIONS?

CARDIOVASCULAR

- High Blood Pressure
- Chest Pain
- History of Heart Attack
- Coronary Bypass/Stent
- Congestive Heart/Failure
- Dysrhythmia
- Pacemaker/AICD

COAGULATION

- Anemia
- Clotting Problems

COMFORT

- Chronic Pain
Site _____

OTHER

- Cancer
- HIV+ or AIDS

HEPATIC/RENAL

- Hepatitis A B C
- Liver Dysfunction
- Renal Dysfunction
- Bladder Problems
- Hemo/Peritoneal Dialysis

METABOLIC/DIGESTIVE

- Diabetes-Diet/Oral/Insulin
- Thyroid Problems
- Heartburn
- Change in Weight
- Ulcer

MUSCULOSKELETAL

- Neck/Back Problems
- Arthritis
- Artificial Joints

NEUROSENSORY

- History of Seizures
- History of Stroke
- Paresis/Paralysis
- Peripheral Neuropathy
- Depression/Anxiety

RESPIRATORY

- Smoker _____ Years
- Emphysema/COPD
- Asthma
- Tuberculosis
- Shortness of Breath at Rest
- Sleep Apnea

SOCIAL HISTORY

- Alcohol _____
- Recreational Drugs _____
- Occupation _____

PATIENT SIGNATURE

DATE

PHYSICIAN SIGNATURE

DATE

ARE YOU PRESENTLY OR FREQUENTLY BOTHERED BY ANY OF THE FOLLOWING SYMPTOMS? PLEASE CHECK ANY THAT APPLY. FEEL FREE TO ADD CHRONIC SYMPTOMS THAT ARE NOT LISTED THAT YOU FEEL ARE IMPORTANT AND/OR A CONCERN TO YOU.

EAR, NOSE, MOUTH, THROAT

- Hearing Loss
- Ringing in Ears/Head Noise
- Ear Infections
- Meniere's Disease, Positional Vertigo, Labyrinthitis or Other Inner Ear Disorder
- Ear Drainage or Pain
- Sinusitis
- Nasal Obstruction
- Frequent Nose Bleeds
- Runny Nose
- Facial Pain
- Tonsillitis
- Sore Throat
- Difficulty Swallowing
- Voice Problems
- Temporomandibular Joint Dysfunction (TMJ)
- Hay Fever or Seasonal Allergies

CONSTITUTIONAL

- Fever
- Night Sweats
- Fatigue

EYE

- Double Vision
- Blurred Vision
- Blindness

RESPIRATORY

- Cough
- Coughing Blood

GENITOURINARY

- Difficulty Urinating
- Frequent Urination

GASTROINTESTINAL

- Diarrhea
- Blood in Stool
- Frequent Heartburn
- Bowel Problems

MUSCULOSKELETAL

- Jaw or Neck Pain
- Joint or Muscle Pain

SKIN

- Skin Lesions/Moles
- Slow-Healing Wound(s)

NEUROLOGIC

- Headache
- Numbness of Face or Arms
- Weakness/Clumsiness of Arms or Legs
- Convulsions
- Visual Changes
- Memory Problems
- Coordination Problems

ENDOCRINE

- Heat or Cold Intolerance
- Excessive Thirst
- Changes of Growth or Hair Pattern

ALLERGY/IMMUNOLOGY

- Sneezing
- Red/Itchy Eyes
- Itching
- Hives

HEMATOLOGIC/LYMPHATIC

- Bleeding Easily
- Bruising Easily
- Lymph Node Swelling

OTHER SYMPTOMS NOT LISTED ABOVE

INJURY AND EXPOSURE

- Been Exposed to Loud Noise?
- Injured your Neck?
- Broken your Nose?
- Had a Head Injury with Loss of Consciousness?

FAMILY HISTORY

- Early Hearing Loss
- Diabetes
- Coronary Disease
- High Blood Pressure
- Cancer
- Stroke
- Bleeding Disorders