Primary Healthcare Associates, S.C.
Otolaryngology – Head and Neck Surgery
19550 Governors Highway, Suite 2350
Flossmoor, IL 60422

Patient Name: _____ DOB: _____
Primary Care Doctor: _____ Referred By: _____

REASON FOR YOUR VISIT	ALLERGIES

MEDICAL HISTORY

Diabetes……..	No	Yes _____
High Blood Pressure…….	No	Yes _____
Cancer…….	No	Yes _____
Stroke……..	No	Yes _____
Heart Issues……..…….	No	Yes _____
Lung Problems……..	No	Yes _____
Bleeding Tendency……..	No	Yes _____
HPV Vaccine…….	No	Yes Date _____
Other……..	_____	
	_____	
	_____	
	_____	
	_____	
	_____	

SOCIAL HISTORY

Marital Status: Married Single Widowed Divorced

Occupation _____

Tobacco Use:
Never Yes Yes, but quit_____
Packs per day _____
Years Smoked _____

Alcohol Use:
Never Rarely Moderate Daily
Drinks per week _____
Quit _____

Illicit Drugs:
Marijuana Cocaine IV Drugs
Other _____

PRIOR SURGERY OR TRAUMA HISTORY

Year	

FAMILY HISTORY

Diabetes……..	No	Yes _____
High Blood Pressure…….	No	Yes _____
Cancer…….	No	Yes _____
Stroke……..	No	Yes _____
Heart Trouble…….	No	Yes _____

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PATIENT HISTORY/REVIEW OF SYMPTOMS

HAVE YOU OR ARE YOU BEING TREATED FOR: please check or circle all that apply

	CONSTITUTIONAL SYMPTOMS		**GENITOURINARY**
	Good general health		Frequent urination
	Recent weight change		Burning or painful urination
	Fever		Blood in urine
	Fatigue		Change in force or strain when urinating
	Headaches		Incontinence or dribbling
	EYES		Kidney stones
	Eye disease or injury		**MUSCULOSKELETAL**
	Wear glasses or contacts		Joint pain
	Blurred or double vision		Joint stiffness or swelling
	Glaucoma		Weakness of muscles or joints
	EAR/NOSE/MOUGH/THROAT		Muscle pain or cramps
	Head and Neck Cancer		Cold extremities
	Hearing loss or ringing		Difficulty in walking
	Earaches or drainage		**INTEGUMENTARY (SKIN)**
	Chronic sinus problem or rhinitis		Rash or Itching
	Nose bleeds		Change in skin color
	Mouth sores		Change in hair or nails
	Bleeding Gums		Varicose veins
	Bad breath or bad taste		Breast pain / lump / discharge
	Sore throat or voice change		**NEUROLOGICAL**
	Cleft Lip/Palate		Frequent or recurring headaches
	Swollen glands in neck		Light headed or dizzy
	CARDIOVASCULAR		Convulsions or seizures
	Heart trouble		Numbness or tingling sensations
	Hypertension		Tremors
	Chest pain or angina pectoris		Paralysis
	Palpitations / Irregular Heartbeat		Stroke
	Shortness of breath with walking or lying flat		Head Injury
	Swelling of feet, ankles, or hands		Convulsions
	RESPIRATORY		**PSYCHIATRIC**
	Chronic or frequent coughs		Memory loss or confusion
	Spitting up blood		Nervousness
	Shortness of breath		Depression
	Asthma or wheezing		Insomnia
	GASTROINTESTINAL		Psychosis
	Loss of appetite		**ENDOCRINE**
	Change in bowel movements		Glandular problems
	Nausea or vomiting		Hormone problems
	Frequent diarrhea		Excessive thirst
	Painful bowel movements or constipation		Tired / Sluggish
	Rectal bleeding or blood in stool		Diabetes
	Abdominal pain or heartburn		**HEMATOLOGIC / LYMPHATIC**
	Peptic Ulcer		Cancer
			Slow to heal after cut
			Anemia
			Phlebitis
			Past blood transfusion
			Swollen glands
			Bleeding tendency

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Patient Name: _____ DOB: _____

FOOD AND DRUG ALLERGIES: _____

PHARMACY: _____

PHARMACY PHONE #: _____

Medication / Herb	Dosage	Frequency	Condition Being Treated