The GW Medical Faculty Associates

Otolaryngology - Head and Neck Surgery

Name: _____ Date of Birth: _____

Occupation: _____ Height: _____ Weight: _____

Reason for visit: _____

Referring Physician *(Name, address, phone):*

_____

_____

Preferred Pharmacy *(Name, address, phone):*

_____

_____

Medications/Vitamins/Herbal Supplements ☐ *Updated in system*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Do you take asprin, ibuprofen, Plavix, Coumadin, herbal medications, or similar blood thinners? ☐ Yes ☐ No

Illnesses for which you've been treated, hospitalized or take medications ☐ *Updated in system*

☐ High blood pressure	☐ Diabetes	☐ Thyroid disease	☐ Allergies	☐ _____
☐ High Cholesterol	☐ Reflux	☐ Depression/Anxiety	☐ HIV	☐ _____
☐ Heart disease	☐ Stroke	☐ Asthma	☐ Migraines	☐ _____

Operations/ Procedures ☐ *Updated in system*

☐ C-section	☐ Knee surgery	☐ Heart Bypass	☐ _____	☐ _____
☐ Gallbladder	☐ Hip surgery	☐ Heart Stent	☐ _____	☐ _____
☐ Appendix	☐ Tonsillectomy	☐ Spine Surgery	☐ _____	☐ _____

Allergies to medicines, foods or environmental factors & types of reaction(s) ☐ *Updated in system*

☐ Penicillin	☐ Latex	☐ _____	☐ _____
☐ Sulfa drugs	☐ _____	☐ _____	☐ _____

Do you or did you ever smoke? ☐ Yes ☐ No Packs per day _____ How many years? _____ If quit, when? _____

Do you drink alcoholic beverages? ☐ Yes ☐ No Amount _____

Are you pregnant or nursing? ☐ Yes ☐ No ☐ N/A

Do you or any blood relatives have a bleeding problem with surgery or cuts? ☐ Yes ☐ No

Medical problems that run in the family:

☐ Diabetes	☐ High cholesterol	☐ Hypertension	☐ Cancer	☐ Heart disease
☐ _____	☐ _____	☐ _____	☐ _____	☐ _____

CONTINUED ON THE BACK

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Please check all that apply:

GENERAL:
- [ ] chills
- [ ] fever
- [ ] night sweats
- [ ] nausea
- [ ] weight loss (not intentional

SKIN:
- [ ] itching
- [ ] rashes
- [ ] sores on skin

EYES:
- [ ] dry eyes
- [ ] excessive tearing
- [ ] blurred vision
- [ ] double vision

NOSE/SINUS:
- [ ] nasal obstruction
- [ ] headache
- [ ] smell disturbance
- [ ] frequent colds
- [ ] post nasal drip
- [ ] sneezing
- [ ] sinus pain
- [ ] sinus infection
- [ ] nose bleed

ALLERGY:
- [ ] skin sensitivity
- [ ] latex allergies or sensitivity

MOUTH/THROAT:
- [ ] bleeding
- [ ] voice changes
- [ ] oral ulcers
- [ ] sore throat

NECK:
- [ ] neck mass
- [ ] neck pain
- [ ] neck stiffness
- [ ] swollen glands

MUSCULOSKELETAL:
- [ ] cramping
- [ ] joint or muscle pain
- [ ] weakness
- [ ] tenderness

NEUROLOGIC:
- [ ] numbness
- [ ] headache
- [ ] visual change
- [ ] memory change
- [ ] speech disturbance
- [ ] loss of consciousness

RESPIRATORY:
- [ ] cough
- [ ] decreased exercise tolerance
- [ ] difficulty breathing
- [ ] coughing blood
- [ ] wheezing

CARDIAC:
- [ ] chest pain
- [ ] shortness of breath
- [ ] palpitation
- [ ] leg swelling

HEMATOLOGIC/LYMPHATIC:
- [ ] bleeding
- [ ] easy bruising
- [ ] swollen lymph nodes

GASTROINTESTINAL:
- [ ] decreased appetite
- [ ] nausea
- [ ] vomiting
- [ ] heartburn
- [ ] regurgitation
- [ ] jaundice
- [ ] diarrhea
- [ ] constipation
- [ ] gas
- [ ] blood in stools
- [ ] black tarry stools

ENDOCRINE:
- [ ] heat or cold intolerance
- [ ] flushing
- [ ] fingernail changes
- [ ] increased thirst

Reviewed by: _____