Patient Data Sheet

Please answer the following questions to the best of your ability. If you have questions, please ask your doctor’s medical assistant prior to your visit with the physician.

Do you have any allergies?    Y    N

Medication allergies: ____________________________________________

Non-medication allergies:

Inhalant allergies (may include):
- air conditioning, aromas of soaps, detergents, or cleaners, animal exposure, being indoors, being outdoors, being outside on clear windy days, cigarette smoke, cut grass, dust, exercise, mold, perfume, pollen, smoke and fumes

Food allergies or intolerances:    N    Y   What foods? ________________________________

Contact allergies:    N    Y
- iodine, latex, metal, tape

Contrast agent (dye) allergies:    N    Y

Insect bite or sting allergies:    N    Y

Allergy skin tests:    N    Y When/where: ________________________________________

Allergy blood tests:    N    Y When/where: ________________________________________

Allergy shots:    N    Y Where? ___________________________________________________

Treatment for food allergy: ________________________________

Past Health History:

Cancer:    N    Y What type? ____________________________________________

Please circle if applicable:

Head and Face:
- cluster headache, facial paralysis, migraine headache, tension or stress headache, temporal arteritis.

Eyes:
- amblyopia, cataracts, dacryocystitis, dry eyes, glaucoma

Ears:
- cerumen impaction, cholesteatoma, chronic or frequent ear infections, middle ear effusion, hearing loss, Meniere's disease, tympanic membrane perforation, hearing aids

Nose and Sinus:
- sinusitis, deviated nasal septum, epistaxis, nasal allergies, nasal polyps,

Mouth and Throat:
- tonsil/adenoid enlargement, chronic/recurrent tonsillitis, cold sores, peritonsillar abscess, salivary gland duct stone, sleep apnea, TMJ

Cardiovascular:
- atrial fibrillation, atrial flutter, blocked carotid artery, cardiomyopathy, CHF, coronary artery disease, DVT, elevated blood cholesterol, MI, heart valve defect, hypertension, mitral valve prolapse, peripheral vascular disease, Raynaud's disease, rheumatic fever

Respiratory:
- asthma, bronchiectasis, COPD, croup, cystic fibrosis, pneumonia, pneumothorax, pulmonary embolus, sarcoidosis, TB

Gastrointestinal:
- gastroesophageal reflux, hepatitis, laryngeal reflux/LPR

Kidneys and Urinary Tract:
- kidney disease, kidney stone, renal failure, renal insufficiency
Musculoskeletal:
- osteoarthritis, rheumatoid arthritis, chronic fatigue syndrome, disc disorder in back, disc disorder in neck, fibromyalgia, gout, myasthenia gravis, osteoporosis, spinal stenosis

Integumentary:
- acne rosacea, severe acne, actinic keratosis, eczema, keloid, lichen planus, Lyme disease, neurofibromatosis, psoriasis, scleroderma, shingles, Stevens-Johnson syndrome

Neurologic:
- Alzheimer's disease, aneurysm/AVM of blood vessel in the brain, dementia, epilepsy, meningitis, multiple sclerosis, neuralgia, Parkinson's disease, pituitary tumor, restless leg syndrome, sleep disorder, stroke (CVA), tic douloureux, transient ischemic attack (TIA), brain tumor.

Psychiatric:
- alcohol or drug treatment, alcoholism, chronic anxiety, ADHD, bi-polar disorder, depression, PTSD

Endocrine:
- diabetes, goiter, Graves' disease, hyperparathyroidism, hyperthyroidism, hypoparathyroidism, hypothyroidism, morbid obesity, obesity, thyroid nodule, thyroiditis.

Hematologic and Lymphatic:
- anemia, clotting disorder, hemophilia, sickle cell disease, sickle cell trait, Von Willebrand’s disease.

Immunologic:
- anaphylaxis, autoimmune disorder, HIV infection, systemic lupus, MRSA, angioedema, Sjogren's Syndrome, urticaria.

Other Previously Diagnosed Problems: 

Past Surgeries and Hospitalizations:
Problems with anesthesia: Y N
Previous surgeries: 
Previous non-surgical hospitalizations: 
Serious Injuries: 
Diagnostic and screening tests: CT scan MRI PET scan X-ray Labs

Family History:
Problems with anesthesia: Y N
Cancer: Type Family member: 
Head and Face:
Ears: chronic ear infections, hearing loss, Meniere's disease
Nose and Sinuses: chronic sinus disease, nasal allergies
Respiratory: 
Neurologic: 
Endocrine: thyroid disease, diabetes
Hematologic/Lymphatic: bleeding disorders
Allergic/Immunologic: 

Social History:
Current or most recent occupation: 
Current tobacco usage: 
Past (discontinued) use of tobacco products: 
Current use of alcoholic beverages: Quantity Frequency 
Caffeine use: Quantity Frequency 
Second-hand smoke exposure: Y N