

Richard Nass, M.D., F.A.C.S

Patient:
Reason for visit:

Date:

ENT History (circle all that apply)

Ear – Pain
Discharge
Hearing loss
“Noise in ear/ head”
“Balance problem”

Other _____

Nose/Sinus – Obstruction
Nasal discharge
Post- nasal discharge
Facial/ nasal pain
Decreased smell/ taste
Bleeding

Other _____

Throat - Sore throat/ “burning throat”
Hoarseness / vocal change
Swallowing problem
Cough
“Throat clearing”/ “phlegm”

Other _____

Allergy- Inhalant (symptoms/ time of year/”triggers”)
Medication
Food
Insect bites/ stings
“Sensitivity” to odors, fumes, weather conditions
Prior allergy test / Where _____ When _____
Prior allergy desensitization /”shots”/ “sublingual

Snoring/ Sleep Apnea - “Breathholding/ gasping” during sleep
Daytime fatigue/ daytime naps
Restless sleep / morning headaches

Other _____

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Medical History (Circle those that apply)

Asthma / Shortness of breath/ pulmonary disease
Heart attack/ heart disease/ irregular heartbeat
Hypertension/ stroke
Diabetes/ other endocrine disease
Gastric reflux/ hiatus hernia/ other GI disease
Seizure disorder/ other neurologic disease
Bleeding disorder/ other hematologic disease
Orthopedic disease
Dermatologic disease
Ophthalmologic disease
Obstetrical history/ gynecologic disorder
Rheumatologic disease
Urologic disease

Hospitalizations (Reasons / approx. date)

Surgeries (Procedures/ approx. date)

Medications Taken (dose/ frequency/ first started)

Family Medical History (disease/ relationship)

Social History - Tobacco (cigarette or cigar / per day/ # years)

Alcohol (wine, beer or mixed drinks/ per day/ week/ month)
