

Tucson Ear, Nose & Throat, P.C.

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Name: _____ Last 4 of SS#: _____

Date of birth: ____/____/____ Age: _____ Height: _____ Weight: _____ lbs

Primary care physician: _____ Sex: M F

Pharmacy Name: _____ Pharmacy Zip Code: _____

REASON FOR VISIT: _____

Current Medication(s) None

Dose/Frequency

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Allergies to Medications: None

Medicine

Type of reaction (e.g. rash)

- 1) _____
- 2) _____

PAST MEDICAL HISTORY None apply

- Cancer: Bone
- Cancer: Brain
- Cancer: Breast
- Cancer: Cervical
- Cancer: Chronic lymphocytic leukemia
- Cancer: Colon
- Cancer: Endometrial
- Cancer: Esophageal
- Cancer: Head or Neck
- Cancer: Leukemia
- Cancer: Liver
- Cancer: Lung
- Cancer: Lymphoma
- Cancer: Myeloma
- Cancer: Ovarian
- Cancer: Prostate
- Cancer: Pancreas
- Cancer: Sarcoma (Soft Tissue)
- Cancer: Skin Basal cell carcinoma
- Cancer: Skin Melanoma

- Cancer: Skin Merkel Cell
- Cancer: Skin Squamous cell carcinoma
- Cancer: Other _____
- Cardio: Arrhythmia
- Cardio: Atrial Fibrillation
- Cardio: Congestive Heart Failure
- Cardio: Coronary Artery Disease
- Cardio: Hyperlipidemia
- Cardio: Hypertension
- Cardio: Myocardial Infarction
- Cardio: Valve disease
- Cardio: Other _____
- Endo: Diabetes Type 1
- Endo: Diabetes Type 2
- Endo: Pituitary Adenoma
- Endo: Thyroid Disease
- Endo: Other _____
- Gen: Obesity

- GI: Barret's Esophagus
- GI: Cholecystitis/gallstone
- GI: Cirrhosis
- GI: Inflammatory Bowel
- GI: Irritable Bowel
- GI: Autoimmune Hepatitis
- GI: Hepatitis C
- GI: Sclerosing Cholangitis
- GI: Reflux/GERD
- GI: Other _____
- Uro: BPH (Enlarged Prostate)
- Uro: End-stage Renal Disease
- Uro: Kidney stones
- Uro: Recurrent UTI
- Uro: Other _____
- HPV (Papilloma virus/warts)
- GYN: Other _____
- Immuno: HIV
- Immuno: Immunodeficiency

- Other: _____
- Lymph: Anemia
- Lymph: Bleeding Disorder/Hemophilia
- Lymph: Clotting Disorder
- Lymph: Neutropenia
- Lymph: Sickel Cell
- Lymph: Thrombocytopenia
- Lymph: Other _____
- Ortho: Arthritis
- Ortho Degenerative Joint Dz
- Ortho Osteoporosis
- Ortho: Spinal Stenosis
- Ortho: Other _____
- Neuro: ALS (Lou Gehrig's)
- Neuro: Alzheimer's
- Neuro: Autism
- Neuro: Cerebral palsy
- Neuro: CVA/Stroke

- Neuro: Dementia
- Neuro: Developmental delay
- Neuro: Multiple Sclerosis
- Neuro: Parkinson's
- Neuro: Seizure
- Neuro: Other _____
- Ophtho: Blindness
- Ophtho: Macular dengeneration
- Ophtho: Cataracts
- Ophtho: Glaucoma
- Ophtho: Detached Retina
- Ophtho: Other _____
- Psych: Anxiety
- Psych: Bipolar
- Psych: Depression
- Psych: Schizophrenia
- Psych: Other _____
- Pulm: Asthma
- Pulm: COPD

- Pulm: Cystic Fibrosis
- Pulm: Emphysema
- Pulm: Obstructive Sleep Apnea
- Pulm: Pulmonary Embolism
- Pulm: Pulmonary Hypertension
- Pulm: Other _____
- Rheum: Auto-immune disorder
- Rheum: Lupus
- Rheum: Rheumatoid Arthritis
- Rheum: Scleroderma
- Rheum: Sjogren's
- Rheum: Other _____
- Vasc: Peripheral Artery Dz
- Vasc: Carotid Artery Stenosis
- Vasc: Abd Aortic Aneurysm
- Vasc: Other _____
- Other: _____

PAST SURGERIES

None apply

- Abd: Appendix (Appendectomy)
- Abd: Bariatric surgery _____
- Abd: Bowel Resection
- Abd: Cholecystectomy
- Abd: Colon Resection
- Abd: Colostomy
- Abd: Esophagectomy
- Abd: Hepatectomy
- Abd: Hernia Repair
- Abd: Liver transplant
- Abd: Pancreas Resection
- Abd: Splectomy
- Abd: Other _____
- Breast: Lumpectomy (Both/Left/Right breast[s])

- Cosmetic: Facelift
- Breast: Mastectomy (Both/Left/Right breast[s])
- Cosmetic: Eyelid
- Cosmetic: Rhinoplasty
- Heart: Valve replacement (Mechanical or Biologic)
- Heart: CABG
- Heart: Transplant
- Heart: Pacemaker
- Neuro: Craniotomy
- Neuro: Pituitary
- Neuro: Cervical fusion
- Neuro: Tumor Removal _____
- Bilateral Tubal Ligation (BTL)

- Uro: Kidney Stone Removal
- Cesarean Section
- Dilation and Curettage of Uterus
- Ophtho: Cataracts
- Ophtho: Glaucoma
- Pulm: Transplant
- Pulm: Lobectomy
- Skin: Basal Cell Carcinoma
- Skin: Melanoma
- Skin: MOHS
- Skin: Squamous Cell Carcinoma
- Uro: Kidney Transplant
- Uro: Nephrectomy
- Vascular: AV shunt
- Vascular: Carotid endarterectomy

ENT DISEASE HISTORY

None Apply

- Cancer: Head and Neck Cancer, specify location _____
- Cancer: Lymphoma, Neck nodes
- Cancer: Sinus or nasal cavity
- Cancer: Skin - Basal Cell Carcinoma
- Cancer: Skin - Melanoma
- Cancer: Skin - Other type: _____
- Cancer: Skin - Squamous Cell Carcinoma

- Ear: Acoustic Neuroma
- Ear: Cholesteatoma
- Ear: Hearing Loss
- Ear: Mastoiditis
- Ear: Other _____
- Ear: Otitis Externa (swimmer's ear)
- Ear: Otosclerosis
- Ear: Tinnitus (ringing)
- Ear: Vertigo
- General: Facial Fractures

- General: Other _____
- General: Reflux
- Larynx/trachea: Papillomas
- Larynx/trachea: Subglottic Stenosis
- Larynx/trachea: Tracheal Stenosis
- Larynx/trachea: Vocal Cord Nodules
- Larynx: Vocal Cord Paralysis

ENT DISEASE HISTORY (continued)

- | | | |
|--|---|---|
| <input type="checkbox"/> Larynx/trachea: Vocal Cord Polyps | <input type="checkbox"/> Nasal: Rhinitis (allergies) | <input type="checkbox"/> Neck: Sialolithiasis (stone of salivary gland) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Nasal: Septal Perforation | <input type="checkbox"/> Neck: Thyroid Nodules |
| <input type="checkbox"/> Nasal: Deviated Septum | <input type="checkbox"/> Nasal: Sinusitis | <input type="checkbox"/> Oral: Other _____ |
| <input type="checkbox"/> Nasal: Epistaxis (nose bleeds) | <input type="checkbox"/> Nasal: Turbinate Hypertrophy | <input type="checkbox"/> Oral: Sleep Apnea |
| <input type="checkbox"/> Nasal: Loss of Smell | <input type="checkbox"/> Neck: Branchial Cleft Cyst | <input type="checkbox"/> Oral: Tonsillitis |
| <input type="checkbox"/> Nasal: Nasal Fracture | <input type="checkbox"/> Neck: Hyperparathyroidism | <input type="checkbox"/> Oral: Ulcers |
| <input type="checkbox"/> Nasal: Nasal obstruction | <input type="checkbox"/> Neck: Neck Mass | |
| <input type="checkbox"/> Nasal: Other _____ | <input type="checkbox"/> Neck: Parotid tumor | |
| <input type="checkbox"/> Nasal: Polyps | <input type="checkbox"/> Neck: Sialoadenitis (infected/inflamed salivary gland) | |

ENT SURGICAL HISTORY

- | | | |
|--|--|---|
| <input type="checkbox"/> Ear: Acoustic neuroma resection | <input type="checkbox"/> Head and Neck: Parotidectomy | <input type="checkbox"/> None Apply |
| <input type="checkbox"/> Ear: Mastoidectomy | <input type="checkbox"/> Head and Neck: Resection in mouth or throat: please specify _____ | <input type="checkbox"/> Nose: Rhinoplasty |
| <input type="checkbox"/> Ear: Myringotomy and tubes (right / left) | <input type="checkbox"/> Head and Neck: Skin Graft | <input type="checkbox"/> Nose: Septoplasty |
| <input type="checkbox"/> Ear: Myringotomy (right / left) | <input type="checkbox"/> Head and Neck: Skin Resection | <input type="checkbox"/> Nose: Turbinate Reduction |
| <input type="checkbox"/> Ear: Otoplasty | <input type="checkbox"/> Head and Neck: Submandibular gland excision | <input type="checkbox"/> Throat: Adenoidectomy |
| <input type="checkbox"/> Ear: Other _____ | <input type="checkbox"/> Head and Neck: Thyroglossal Duct Cyst | <input type="checkbox"/> Throat: Other _____ |
| <input type="checkbox"/> Ear: Stapedectomy (right / left) | <input type="checkbox"/> Head and Neck: Thyroidectomy | <input type="checkbox"/> Throat: Uvulopalatopharyngoplasty (UPPP) |
| <input type="checkbox"/> Ear: Tympanoplasty (repair of eardrum) | <input type="checkbox"/> Head and Neck: Tracheotomy | <input type="checkbox"/> Throat: Tonsillectomy |
| <input type="checkbox"/> Head and Neck: Lymph Node Biopsy | <input type="checkbox"/> Nose: Balloon Sinuplasty | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Head and Neck: Neck dissection | <input type="checkbox"/> Nose: Endoscopic Sinus Surgery | |
| <input type="checkbox"/> Head and Neck: Other _____ | <input type="checkbox"/> Nose: Nasal Fracture Repair | |
| <input type="checkbox"/> Head and Neck: | <input type="checkbox"/> Nose: Other | |

ENT FAMILY HISTORY

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Smoking | <input type="checkbox"/> Thyroid disease: _____ |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Thyroid Cancer: _____ | <input type="checkbox"/> Other _____ |

SOCIAL HISTORY

Smoking Status: (please choose **ONE** of the following)

Unknown if ever smoked
Current everyday smoker
Current some day smoker

Former smoker
Never smoked
Cigar smoker

What date did you quit smoking? _____

Number of Packs a day? _____

Total years smoking? _____

Occupation: _____

Drug/ IV Drug use? Please specify below:

Do you drink alcohol? YES / NO

If so, how many drinks a day? _____

FAMILY HISTORY None apply

Do you have any **FIRST DEGREE** relatives with the following;

- Hearing loss, who? _____
- Anesthesia problems, who? _____
- Bleeding disorder, who? _____
- Cancer, who/what kind? _____

REVIEW OF SYSTEMS None apply

Please check the box if you are have any of the following symptoms:

CONSTITUTIONAL

- Fever
- Weight loss
- Night sweats

EYES

- Double vision
- Vision loss

EARS

- Pain
- Drainage
- Hearing Loss
- Ringing
- Dizziness

NOSE

- Nasal obstruction
- Bloody nose
- Altered sense of smell
- Runny nose

THROAT

- Hoarseness
- Throat pain
- Difficulty swallowing

- Recurrent throat infections

ALLERGY

- Itchy nose
- Sneezing
- Itchy eyes

RESPIRATORY

- Shortness of breath
- Snoring
- Cough

CARDIAC

- Chest pain
- Irregular heartbeats

GI

- Heartburn
- Regurgitation of food

GU

- Difficulty urinating

ENDOCRINE

- Heat intolerance
- Cold intolerance

HEMATOLOGIC

- Bleeds easily

NEUROLOGIC

- Migraines
- Seizure

MUSCULOSKELETAL

- Temporomandibular joint pain

SKIN

- Non healing wounds

PSYCH

- Sleep disturbance

ALERTS

- Latex allergy
- Allergy to Iodine Contrast
- Blood thinners
- Defibrillator / Pacemaker
- Pregnant / Nursing
- Complications with anesthesia

The above information is accurate to the best of my knowledge.

Patient Signature(Or Parent if under 18) Name (Printed)

Date