BARTLESVILLE
ENT & Allergy

205 SE Howard Ave.
Bartlesville, Oklahoma 74006

Medical History Questionnaire

Patient's name _____ Date of Birth _____ Age _____
Primary or family physician _____ Other physician(s) important to your care _____
Main reason for your visit _____
Previous or current medical conditions _____
Prior surgeries _____
Current medications (include dosage, how often and how it's taken) _____
_____
Non-prescription medications _____
Drug allergies _____
_____

Do any of the following run in your family? (please check)
☐ Hearing Loss ☐ Asthma ☐ Malignant Hyperthermia ☐ Bleeding tendency
☐ Problems with anesthesia ☐ Allergies ☐ Unknown because of adoption

Other family history _____
_____

Social History
Do you smoke or chew tobacco? ☐ Yes ☐ No If yes, how much a day? _____ For how many years? _____
Are you a former smoker? ☐ Yes ☐ No If yes, how many packs a day? _____ How many years? _____
What year did you stop? _____
Do you drink alcohol? ☐ Yes ☐ No If yes, on average, how many drinks per week? _____

For Children
Are there smokers in the home? ☐ Yes ☐ No Does your child attend daycare? ☐ Yes ☐ No
Are your child's immunizations up to date? ☐ Yes ☐ No

Please check all that apply now or in the past
Global: ☐ fever ☐ weight loss ☐ night sweats ☐ fatigue
Eyes: ☐ pain ☐ pressure ☐ double vision ☐ dry eyes
Ears: ☐ pain ☐ ringing or noise blockage ☐ hole in eardrum ☐ hearing loss ☐ drainage ☐ noise exposure
Nose: ☐ nosebleeds ☐ hay fever/allergies
Throat: ☐ tonsillitis ☐ throat pain ☐ hoarseness ☐ excessive voice use ☐ difficulty swallowing
Cardiac: ☐ high blood pressure ☐ chest pain ☐ heart attack ☐ heart murmur ☐ high cholesterol ☐ pacemaker
Respiratory: ☐ chronic cough ☐ asthma ☐ emphysema ☐ shortness of breath
Digestive: ☐ acid reflux ☐ nausea ☐ indigestion ☐ constipation ☐ diarrhea
Bone/Joint: ☐ arthritis ☐ TMJ problems ☐ neck problems ☐ back problems
Neurology: ☐ seizures ☐ strokes ☐ migraines ☐ headaches
Skin: ☐ rashes ☐ skin cancer
Endocrine: ☐ diabetes ☐ low thyroid ☐ high thyroid ☐ thyroid nodules ☐ thyroid cancer
Psychiatric: ☐ depression ☐ ADHD ☐ bipolar ☐ schizophrenia
Is there any chance you are pregnant? ☐ Yes ☐ No
Would you accept a blood transfusion to save your life? ☐ Yes ☐ No

Nurse Only
Temp _____
Resp _____
Pulse _____
BP _____
Weight _____

_____ _____
Signature Patient/Parent/Guardian Date