

# Mid-Kansas Ear, Nose & Throat Associates

A Division of Wichita Surgical Specialists, P.A.

TODAY'S DATE: \_\_\_\_\_

## HEALTH HISTORY INFORMATION

PATIENT NAME

HEIGHT

WEIGHT

DATE OF BIRTH

AGE

PREFERRED HOSPITAL

PREFERRED PHARMACY

PHARMACY ADDRESS OR INTERSECTION

**CURRENT MEDICATIONS?**  Yes  No    **DRUG ALLERGIES?**  Yes  No    **SURGICAL HISTORY?**  Yes  No

List all medications, dosage & frequency:    List all drug allergies & type of reaction:    List all surgeries:

Drug Name	Dosage	Frequency	Drug Name	Reaction	

### PAST MEDICAL HISTORY

Diabetes  Yes  No  
Heart Disease  Yes  No  
Have you had a Heart Attack (Myocardial Infarction)?  Yes  No  
HIV or AIDS  Yes  No  
Have you had Cancer? (list location / type)  Yes  No

### PATIENT SOCIAL HISTORY

**Smoking, Smoke Exposure and Tobacco Use (check all that apply)**  
 Never smoked     Secondhand Smoke Exposure  
 Current every day smoker     Smoke Exposure at Home  
 Current some day smoker     Smoke Exposure at Work  
 Former smoker     Smoke Exposure from Caregiver  
 Smoking status unknown     Using Chewing Tobacco

### Alcohol consumption:(choose status that best applies)

Never drank  
 Social drinker  
 Moderate (2 drinks per day or fewer)  
 Heavy alcohol consumption  
 Stopped drinking

### CURRENT REVIEW OF SYSTEMS

#### ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING?

High Blood Pressure  Yes  No  
Loss of Balance  Yes  No  
Recent change in weight  Yes  No  
Bleed Excessively  Yes  No  
Heartburn  Yes  No  
Asthma  Yes  No  
Fatigue or Weakness  Yes  No  
Difficulty Sleeping  Yes  No  
Blurred Vision  Yes  No  
Itchy Eyes  Yes  No  
Sneezing  Yes  No  
Skin Lesions  Yes  No

### FAMILY HISTORY

**Has any blood relative had any of the following?**  
Family history of hearing loss?  Yes  No  
Excessive bleeding?  Yes  No  
Anesthesia complications?  Yes  No

### HEALTH MAINTENANCE

**Age 6 months and over:**  
Have you had a Flu vaccination?  Yes  No

**Age 65 and over:**  
Have you had a Pneumonia vaccination?  Yes  No