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
INCLUDE SUPPLIMENTS & VITAMINS*

List all medications, dosage & frequency:

Drug Name	Dosage	Frequency

DRUG ALLERGIES? ☐ Yes ☐ No

List all drug allergies & type of reaction:

Drug Name	Reaction

SURGICAL HISTORY? ☐ Yes ☐ No

List all surgeries:

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 a smoker
☐ Current every day smoker
☐ Current some day smoker
☐ Former smoker
☐ Chewing tobacco
☐ Smoking cigars
☐ Smoking a pipe
☐ Smokeless tobacco user

Recent Secondhand Smoke Exposure? ☐ Yes ☐ No

Alcohol consumption:(choose status that best applies)

☐ Never drank ☐ Moderate (2 drinks per day or fewer)
☐ Social drinker ☐ Heavy alcohol consuption ☐ 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?

Excessive bleeding?	☐ Yes ☐ No
Anesthesia complications?	☐ Yes ☐ No
Loss of hearing?	☐ Yes ☐ No

Flu Vaccine ***During Flu Season October thru March****

☐ Recent Flu vaccine given at doctor's office / pharmacy / home?
☐ Recent Flu vaccine given at your workplace?
☐ Recent Flu vaccine given at a hospital?
☐ Recent Flu vaccine given at surgery center?

The reason you do not get the Flu vaccine during flu season:

☐ Declined ☐ Allergy to Influenza Vaccine ☐ Allergy to eggs

Age 65 and over: Pneumonia Vaccine

☐ Have you had a Pneumonia vaccination?