

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
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PREFERRED PHARMACY	PHARMACY ADDRESS OR INTERSECTION
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CURRENT MEDICATIONS? Yes No
****INCLUDE SUPPLIMENTS & VITAMINS****

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

Do you see a Cardiologist? (If yes list name below) Yes No

HIV or AIDS Yes No

Have you had Cancer? (list location / type) Yes No

Flu Vaccine **During flu season October thru March**

Have you had Flu vaccine this season? Yes No

If not, reason you did not receive it: Yes No

Declined Allergy to Influenza Vaccine Allergy to eggs

Age 65 and over Pneumonia Vaccine

Has any blood relative had any of the following?

Have you had a Pneumonia vaccination? Yes No

PATIENT SOCIAL HISTORY

Smoking, Smoke Exposure and Tobacco Use (check all that apply)

Never a smoker Chewing tobacco

Current every day smoker Smoking cigars

Current some day smoker Smoking a pipe

Former smoker Smokeless tobacco user

Recent Secondhand Smoke Exposure? Yes No

Alcohol consumption:(choose status that best applies)

Never drank

Social drinker

Moderate (2 drinks per day or fewer)

Heavy alcohol consumption

Stopped drinking

FAMILY HISTORY: Has any blood relative had any of the following?

Excessive bleeding? Yes No

Anesthesia complications? Yes No

Loss of hearing? Yes No