

Division of Otolaryngology

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New Adult Patient Questionnaire

Patient Name	:			Date:	Age:				
Referred by:	☐ Physician:								
□ TV ad	☐ Internet	☐ Another patient			(Specialty)				
Reason for to	day's visit:								
	PA	AST MEDICAL / SU	URGICAL I	HISTORY					
Have you eve		e following medical		moroni					
High blood pressure □ Stroke □ Acid regurgitation (GERD) □ Tuberculosis Heart attack □ Diabetes □ Cancer (type): □ Bleeding disorder									
Asthma	□ Нер	patitis	ic treatment	\square Blo	ood clot (DVT / PE)				
☐ COPD / emp	physema ⊔ Pro	state problems \Box A	Arthritis (speci	fy site(s)): _					
ist any other	major illnesse	s and/or injuries, <u>oth</u>	ner than the	reason for to	oday's visit:				
Sur	geries/Hospita	alizations	Year	(Complications				
łave you eve	r had a probler	m with anesthesia?	□ No □ Y	es (describe)				

MEDICATIONS

	Dose	Frequency
If not already listed above, do you regularly Aspirin Ibuprofen (Motrin, Alleve, etc.	•	· · · · · · · · · · · · · · · · · · ·
Have you taken oral steroids (ex. prednisone	, medrol) within the	past year? ☐ Yes ☐ No
	ALLERGIES	
Allergies to Medications: Yes	□ No	
If yes, please list including type of reaction.		
Any allergy to medical tape, iodine, or latex?	y	□ N
	,	⊔ 1
Have you ever had Allergy Skin testing? ☐ Yaf "yes" what allergies were detected?		
ii yes what anergies were detected:		
Have you ever had Allergy Shots (Immunoth		o If "yes" did it help? ☐ Yes ☐ N
Have you ever had Allergy Shots (Immunoth	nerapy)? Ves Note that Note is Noted in Note in Note is Note in No	o If "yes" did it help? ☐ Yes ☐ N
SO	nerapy)? \Box Yes \Box Note that HISTORY	
SO Current occupation (or most recent, if not current)	nerapy)? Yes Note that HISTORY It working):	
Current occupation (or most recent, if not current) Occupational Status: □ Employed □ Hom	nerapy)?	oloyed □ Retired (year)
Current occupation (or most recent, if not current) Occupational Status: □ Employed □ Hom □ Student (where):	Perapy)? Yes Note that Alexander Yes Unempto Disable	oloyed Retired (year) ed (reason)
Current occupation (or most recent, if not current) Occupational Status: □ Employed □ Hom □ Student (where): Marital Status: □ Single □ Married	Perapy)?	oloyed Retired (year) ed (reason) idowed
Current occupation (or most recent, if not current) Occupational Status: Employed Hom Student (where): Marital Status: Single Married Who lives at home with you?	Perapy)?	oloyed Retired (year) ed (reason) idowed
Current occupation (or most recent, if not current) Occupational Status: Employed Hom Student (where): Marital Status: Single Married Who lives at home with you? Do you have children? Yes (Please list	Perapy)?	oloyed
Current occupation (or most recent, if not current Occupational Status: Employed Hom Student (where): Marital Status: Single Married Who lives at home with you? Do you have children? Yes (Please list Do you currently smoke? Yes No Have	Perapy)?	oloyed
Current occupation (or most recent, if not current) Occupational Status: □ Employed □ Hom □ Student (where): □ Married Who lives at home with you? □ Do you have children? □ Yes (Please list Do you currently smoke? □ Yes □ No Have At what age did you start smoking? □ The current of the c	Perapy)?	oloyed
Current occupation (or most recent, if not current) Occupational Status: Employed Hom Student (where): Marital Status: Single Married Who lives at home with you? Do you have children? Yes (Please list Do you currently smoke? Yes No Have At what age did you start smoking? Products used: Cigarettes Cigars	Perapy)?	oloyed
Current occupation (or most recent, if not current Occupational Status: Bemployed Home Student (where): Marital Status: Single Married Mho lives at home with you? Do you have children? Yes (Please list Do you currently smoke? Yes No Have At what age did you start smoking? Products used: Cigarettes Cigars How often (e.g. # of packs per day)?	Perapy)?	oloyed
Current occupation (or most recent, if not current) Occupational Status: Employed Hom Student (where): Marital Status: Single Married Who lives at home with you? Do you have children? Yes (Please list Do you currently smoke? Yes No Have At what age did you start smoking? Products used: Cigarettes Cigars	Perapy)?	oloyed

FAMILY HISTORY									
Mother's age: Alive									
Any significant diseases that run in the family? (please specify which relative)									
 ☐ Allergy ☐ Asthma ☐ Bleeding disorder ☐ Cystic Fibrosis ☐ Heart Disease ☐ Other: 									
DEVIEW OF GVGTPD 4G									
REVIEW OF SYSTEMS Please check all symptoms which you are <u>currently</u> experiencing <u>or have experienced in the past month</u> :									
CONSTITUTIONAL ☐ Unintentional weight loss: pounds in the past weeks ☐ Fever, chills									
□ Double vision□ Loss of vision□ Eye pain□ Ea	Double vision ☐ Hearing loss ☐ Nose draing loss ☐ Nose draing loss ☐ Ringing in ears ☐ Nasal congression ☐ Ear pain ☐ Facial pair		age ☐ Swallowing pain testion ☐ Voice change / loss ☐ Throat clearing h/throat ☐ Hoarseness						
CARDIOVASCULAR: ☐ Chest pain ☐ Irregular heartbeat ☐ Leg pain during walking ☐ Swelling of legs or feet	☐ Wheezing	of breath attack up blood	☐ Heartburn☐ Difficulty☐ Difficulty	swallowing liquids swallowing solids yomiting (circle which)					
GENITOURINARY: □ Blood in urine □ Pain during urination □ Difficulty urinating	MUSCULOS ☐ Neck pain ☐ Back pain ☐ Joint pain	SKELETAL:	PSYCHIAT ☐ Depressio ☐ Nervous / ☐ Substance	n anxious					
	eech problems imbness	□ Seizure□ Tingling	□ Weakness□ Dizziness						
The above information is accurate to the best of my knowledge.									
X		_							
Patient Signature			Date						
For Physician Use Only:									
I have reviewed the above information with the patient.									
Physician Name & Signature		Date							