

Seattle Head, Neck & Plastic Surgeons, PLLC

PATIENT NAME:

MEDICATIONS:

No medications

ALLERGIES:

No allergies

List surgeries and any related complications (please note year):

No surgeries

HEIGHT:

WEIGHT:

If female, are you or could you be pregnant? Y N

HAS A DOCTOR DIAGNOSED AND/OR TREATED YOU FOR ANY OF THE FOLLOWING CONDITIONS?

CARDIOVASCULAR

- High Blood Pressure
- Chest Pain
- History of Heart Attack
- Coronary Bypass/Stent
- Congestive Heart/Failure
- Dysrhythmia
- Pacemaker/AICD

COAGULATION

- Anemia
- Clotting Problems

COMFORT

- Chronic Pain
Site:

OTHER

- Cancer
- HIV/Hepatitis

HEPATIC/RENAL

- Hepatitis A B C
- Liver Dysfunction
- Renal Dysfunction
- Bladder Problems
- Hemo/Peritoneal Dialysis

METABOLIC/DIGESTIVE

- Diabetes-Diet/Oral/Insulin
- Thyroid Problems
- Heartburn
- Change in Weight
- Ulcer

MUSCULOSKELETAL

- Neck/Back Problems
- Arthritis
- Artificial Joints

NEUROSENSORY

- History of Seizures
- History of Stroke
- Paresis/Paralysis
- Peripheral Neuropathy
- Depression/Anxiety

RESPIRATORY

- Smoker _____ Years
- Emphysema/COPD
- Asthma
- Tuberculosis
- Shortness of Breath at Rest
- Sleep Apnea

SOCIAL HISTORY

- Alcohol:
- Recreational Drugs:
- Occupation:

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ARE YOU PRESENTLY OR FREQUENTLY BOTHERED BY ANY OF THE FOLLOWING SYMPTOMS? PLEASE CHECK ANY THAT APPLY. FEEL FREE TO ADD CHRONIC SYMPTOMS THAT ARE NOT LISTED THAT YOU FEEL ARE IMPORTANT AND/OR A CONCERN TO YOU.

CONSTITUTIONAL

- Unexplained fever
- Fatigue
- Night Sweats
- Other:

HEENT

- Hearing Loss
- Ringing in Ears/Head Noise
- Ear Infections
- Meniere's disease,
Positional Vertigo,
Labyrinthitis or Other Inner
Ear Disorder
- Ear Drainage or Pain
- Sinusitis
- Nasal Obstruction
- Frequent Nose Bleeds
- Runny Nose
- Facial Pain
- Tonsillitis
- Sore Throat
- Difficulty Swallowing
- Voice Problems
- Temporomandibular Joint
Dysfunction (TMJ)
- Hay Fever or Seasonal
Allergies

RESPIRATORY

- Daily Cough
- Wheezing
- Shortness of Breath
- Other:

CARDIOVASCULAR

- Chest Pain
- Heart Palpitations (skipped
beats)
- Other:

VASCULAR

- Leg Vein Trouble
- Clotting Problems
- Other:

GASTROINTESTINAL

- Frequent Nausea or
Vomiting
- Constipation
- Diarrhea
- Other:

GENITOURINARY

- Blood in Urine
- Unusual Discharge
- Other:

REPRODUCTIVE

- Changes in menstrual flow
- Excessive cramping
- Vaginal discharge
- Other:

METABOLIC/ENDOCRINE

- Excessive Thirst
- Excessive Hunger
- Cold or Heat Intolerance
- Other

NEURO/PSYCHIATRIC

- Dizziness
- Excessive Nervousness
- Other

DERMATOLOGIC

- Rashes
- Itching
- Other:

MUSCULOSKELETAL

- Joint Pain or Swelling
- Muscle Weakness
- Other:

HEMATOLOGIC

- Excessive Bruising
- Excessive Bleeding
- Other

IMMUNOLOGICAL

- Food allergies
- Environmental Allergies
- Other

INJURY AND EXPOSURE

- Been Exposed to Loud
Noise
- Injured Your Neck?
- Broken Your Nose
- Had a Head Injury With a
Loss of Consciousness?

FAMILY HISTORY

- Early Hearing Loss
- Diabetes
- Coronary Disease
- High Blood Pressure
- Cancer
- Stroke
- Bleeding Disorders