Nancy Dr. BECKER
EARS, NOSE & THROAT ◊ ALLERGY THERAPY ◊ FACIAL PLASTIC SURGERY
1427 Jefferson, Suite 101, Enumclaw, WA 98022 ◊ Office: 360.825.4466 ◊ Fax: 360.825.2064 ◊ www.drnancybecker.com

History & System Review (2 pages)

Patient Name _____
Last First Middle

Age _____ ***Weight*** _____ ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Male ☐ Female

If female, are you or could you be pregnant? ☐ No ☐ Yes ***Number of pregnancies*** _____

Surgeries/year _____/_____ _____/_____

Surgeries/year _____/_____ _____/_____

Surgeries/year _____/_____ _____/_____

Complications of surgery _____

Current medical problems _____

Current medications _____

Allergies / Reactions _____

Alcohol use ☐ No ☐ Yes If yes, amount_____ ***Caffeine use*** ☐ No ☐ Yes If yes, amount _____

Tobacco use ☐ No ☐ Yes If yes, type/amount _____

Past tobacco use ☐ No ☐ Yes If yes, type/amount _____ Quit when? _____

Passive (second hand) smoke exposure ☐ No ☐ Yes If yes, frequency _____

Recreational drug use ☐ No ☐ Yes If yes, type/amount _____ ☐ Prefer to discuss with physician

Currently working ☐ No ☐ Yes ***Job title*** _____

Father's health (if deceased, cause of death) _____

Mother's health (if deceased, cause of death) _____

Siblings with significant medical problems ☐ No ☐ Yes _____

Check all that apply to your immediate family: parents/grandparents/siblings

☐ diabetes ☐ asthma ☐ high blood pressure ☐ stroke ☐ bleeding disorders ☐ heart problems

☐ cancer _____ ☐ ear surgery ☐ early hearing loss ☐ hayfever

I certify that this history form is filled out completely and accurately. I have answered all questions truthfully and to the best of my knowledge.

PATIENT SIGNATURE_____ **DATE** _____

I have reviewed the above information with the patient.

STAFF SIGNATURE _____ **DATE** _____

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Reason for appointment _____ ***Consult requested by*** _____

Please check any boxes that apply. Mark with "?" if you are unsure and it will be reviewed with you.

EARS
- ☐ pain
- ☐ drainage
- ☐ hearing loss
- ☐ ringing/head noise
- ☐ dizziness/imbalance
- ☐ infection
- ☐ none of the above

NOSE
- ☐ runny
- ☐ stuffy
- ☐ bloody
- ☐ nasal obstruction
- ☐ sinusitis
- ☐ infection
- ☐ none of the above

THROAT
- ☐ hoarse/sore
- ☐ snoring
- ☐ difficulty swallowing
- ☐ voice change/issues
- ☐ post nasal drainage
- ☐ productive cough
- ☐ none of the above

ALLERGY
- ☐ hives
- ☐ itching
- ☐ red itchy eyes
- ☐ sneezing
- ☐ none of the above

CARDIOVASCULAR
- ☐ chest pain
- ☐ rapid or irregular heartbeat

CONSTITUTIONAL
- ☐ fatigue
- ☐ fever
- ☐ night sweats
- ☐ weight gain

ENDOCRINE
- ☐ changes in growth
- ☐ changes in hair
- ☐ heat/cold intolerance

EYES
- ☐ blurred vision
- ☐ double vision
- ☐ none of the above

GASTROINTESTINAL
- ☐ appetite, weight change
- ☐ blood in stool
- ☐ bowel problems
- ☐ canker sores
- ☐ diarrhea
- ☐ heartburn

GENITOURINARY
- ☐ difficulty urinating
- ☐ frequent urination

HEMATOLOGIC
- ☐ anemia
- ☐ bleed easily
- ☐ bruise easily
- ☐ joint pain
- ☐ lymph node swelling
- ☐ none of the above

MUSCULOSKELETAL
- ☐ broken nose
- ☐ head injury
- ☐ injuries
- ☐ jaw pain
- ☐ muscle pain
- ☐ neck injury
- ☐ neck pain

NEUROLOGIC
- ☐ clumsiness
- ☐ convulsions
- ☐ headaches
- ☐ memory problems
- ☐ migraines
- ☐ numbness
- ☐ seizures
- ☐ none of the above

PSYCHIATRIC
- ☐ depression
- ☐ hallucinations
- ☐ mood changes
- ☐ sleep disturbances
- ☐ stress

RESPIRATORY
- ☐ coughing blood
- ☐ painful breathing
- ☐ shortness of breath
- ☐ wheezing

SKIN
- ☐ skin growths/moles
- ☐ skin ulcers/blemishes
- ☐ slow healing wounds
- ☐ very dry skin
- ☐ none of the above