**PLEASE CIRCLE**

**Your Past Medical History:**

Diabetes type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High Blood Pressure

Thyroid disease

Heart Disease\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heart Murmur\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elevated Cholesterol

Respiratory/lung disease\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acid Reflux

Kidney Disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anxiety / Depression

Glaucoma/eye disorder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cancer   Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Autoimmune Disease  type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bleeding disorder type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical Condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CIRCLE**

**Past surgical history:**

Tonsillectomy

Adenoidectomy

Ear tubes

Hysterectomy

Thyroidectomy

Ear surgery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Septoplasty

Sinus surgery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gallbladder removed

Appendix removed

Hernia repair

Cancer surgery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cataracts removed

C-section

Joint surgery type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spine surgery type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Angioplasty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CABG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other surgical procedures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please CIRCLE symptoms you presently have :**

**Constitutional**

Chills

Fatigue

Weight loss/gain

Daytime fatigue

**Eyes**

Eye pain

Watery

Itchy eyes

Blurred vision

**Ears, Nose, Mouth, Throat**

Ear pain

Ear itch

Ear drainage

Dizziness / Loss Of balance

Loss of Hearing

Ears ringing

Ear fullness

Nosebleeds

Post-nasal Drip

Facial pain

Sinus pressure

Nasal congestion

Loss of smell/taste

Hoarseness

Sore throat

Dry Mouth/Throat

Throat clearing

Snoring

**Cardiovascular**

Irregular heart beats

Chest pain

**Respiratory**

Cough

Short of Breath

Wheeze

Coughing up blood

**Gastrointestinal**

Heartburn

Burping

Trouble swallowing

**Musculoskeletal**

Joint pain

Muscle aches

**Skin**

Rash

Itching

Hives

Change in skin

**Neurological**

Headaches

Fainting

**Psychiatric**

Depression

Anxiety

**Hematologic/Lymphatic**

Swollen glands

Night sweats

Bleeding disorder

Clotting disorder

Easy bruising

**Allergic/Immunologic**

Sneezing

Itchy nose

Itchy eyes