Ear, Nose & Throat
Physicians & Surgeons, P.A.

Jeffrey Byer, M.D.
Richard Lee, M.D.
James Murray, M.D.
Marjorie Stock, M.D.

Patient History Sheet

Todays Date:

Patient Name: _____ Date of Birth: _____ Weight: _____ Height: _____

Local Pharmacy Name (required): _____ Pharmacy Address: _____

Mail Order Pharmacy (if applicable): _____

What are today's complaints/symptoms? _____

Please check if you HAVE EVER had any of the following:

- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Blood Pressure Problems
- ☐ Bronchitis
- ☐ Cancer (type)
- ☐ Claustrophobia
- ☐ COPD
- ☐ Depression
- ☐ Diabetes
- ☐ Emphysema
- ☐ Glaucoma
- ☐ Hay Fever
- ☐ Hearing Loss
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Hives
- ☐ Kidney Problems
- ☐ MRSA
- ☐ Psoriasis
- ☐ Seizure Disorder
- ☐ Sleep Apnea
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ OTHER

Medication Allergies / Food Allergies / Intolerances

Allergy	*Reaction*	*Intolerances*
☐ NONE		☐ Latex
		☐ Adhesive
		☐ OTHER

Family Health History

Family Member	*Illness*
☐ NONE	

Do you drink alcohol? ☐ Occasional ☐ Moderate ☐ Heavy
Are you a current smoker? ☐ Yes ☐ No
Are you a former smoker? ☐ Yes ☐ No *Years Smoked:* _____

Number of drinks per week: _____
If yes, how many packs per week? _____
Secondhand smoke exposure? ☐ Yes ☐ No

Medications / Vitamins / Supplements

☐ Please see attached list

Medication	*Strength*	*Required Dosage*
☐ NONE		

Surgical History

Surgery	*Date Performed*
☐ NONE	

Please Check ALL that apply TODAY

General	☐ Feeling Well	☐ Weight Loss	☐ Fever	☐ Night Sweats
Skin	☐ Bruising	☐ Itchy Skin	☐ Rash	
HEENT	☐ Blurred Vision	☐ Double Vision	☐ Dizziness	☐ Hearing Loss
	☐ Ear Discharge	☐ Ear Pain	☐ Ringing in Ears	☐ Seasonal Allergies
	☐ Sinus Pain	☐ Sore Throat	☐ Smell / Taste Issue	
Neck	☐ Swollen Glands			
Respiratory	☐ Cough	☐ Snoring	☐ Wheezing	☐ Bloody Sputum
Cardiovascular	☐ Chest Pain	☐ Leg Pain / Swelling	☐ Shortness of Breath	
Gastrointestinal	☐ Black Tarry Stool	☐ Constipation	☐ Diarrhea	☐ Heartburn
Genitourinary	☐ Urinary Complaints	☐ Prostate Issues		
Musculoskeletal	☐ Muscle Pain			
Neurological	☐ Headaches	☐ Weakness in arms / legs		
Hematology	☐ Abnormal Bleeding	☐ Easy Bruising	☐ Nosebleeds	