



Patient Name_____

DOB_____

Date_____

Family History

Please Check Mark If Any Immediate Family Members Have The Following Disorders

- ☐ Allergic Rhinitis
- ☐ Allergies
- ☐ Anxiety
- ☐ Asthma
- ☐ Bell's Palsy
- ☐ Blood Coagulation Disorder
- ☐ Cerebrovascular Accident
- ☐ Depressive Disorder
- ☐ Diabetes Mellitus
- ☐ Headache
- ☐ Hearing Loss
- ☐ Hypertensive Disorder
- ☐ Impairment of Balance Loss
- ☐ Migraine Loss
- ☐ Meniere's Disease Loss
- ☐ Otosclerosis Loss
- ☐ Tinnitus Loss

Your Surgical History

- ☐ Abdominal Surgery
- ☐ Adenoid Surgery
- ☐ Appendectomy
- ☐ Bariatric Surgery
- ☐ Caesarean Surgery
- ☐ Cataract Surgery
- ☐ Cervical Spine Surgery
- ☐ Coronary Artery Stent
- ☐ Ear Surgery
- ☐ Ear Tubes
- ☐ Eye Surgery
- ☐ Heart Surgery
- ☐ Hysterectomy
- ☐ Kidney Surgery
- ☐ Lumbar Spine Surgery
- ☐ Nasal Surgery
- ☐ Neurosurgery
- ☐ Orthopedic Surgery
- ☐ Other
- ☐ Pacemaker
- ☐ Septoplasty
- ☐ Sinus Surgery
- ☐ Thyroid Surgery
- ☐ Tonsillectomy
- ☐ Vascular Surgery

Your Medical History

- ☐ Acid Reflux
- ☐ Allergies/Hayfever
- ☐ Anemia
- ☐ Anesthesia
- ☐ Complications
- ☐ Anxiety Disorders
- ☐ Asthma
- ☐ Bleeding Disorders
- ☐ Cancer
- ☐ Depression
- ☐ Developmental Delay
- ☐ Diabetes
- ☐ Emphysema
- ☐ Glaucoma
- ☐ Headaches
- ☐ Hearing Loss
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Heart Problems
- ☐ Hypertension
- ☐ Immune System Disorder
- ☐ Kidney Disease
- ☐ Migraines
- ☐ Speech Delay
- ☐ Stroke
- ☐ Thyroid Problems
- ☐ Tuberculosis

Your Social History

Caffeine Intake

- ☐ None
- ☐ Occasional
- ☐ Moderate
- ☐ Heavy

Alcohol Intake

- ☐ None
- ☐ Occasional
- ☐ Moderate
- ☐ Heavy

Tobacco Smoking Status

- ☐ Never Smoked
- ☐ Former Smoker
- ☐ Current Every Day Smoker
- ☐ Current Some Days Smoker
- ☐ Smoker (current Status Unknown)
- ☐ Unknown If Ever Smoked

Noise Exposure

- ☐ Industrial
- ☐ Firearms
- ☐ Explosions or Blasts
- ☐ Other

Occupation_____