PRINCETON EYE & EAR

Name:

Age / DOB:

Who is with you:

Date:

Who is your primary doctor?

Who sent you to us:

Reason for your visit / Duration of problem:

☐ Ears ☐ Nose ☐ Face
☐ Throat ☐ Cosmetic

Past Surgical History:

Past Medical History:

Medications:

Allergies:	**Reaction:**

Tobacco History: ☐Yes ☐No	**Alcohol History:** ☐Yes ☐No	**Caffeine** ☐Yes ☐No	Height
Amount	Amount	Amount	Weight
When did you quit?	When did you quit?		RR (by staff)

Family History:	☐High Blood Pressure	☐Autoimmune Disease	☐Asthma	☐Bleeding Problems	☐Other
	☐Diabetes	☐Allergies	☐Headaches	☐Stroke	
	☐Tuberculosis	☐Hearing Loss	☐Thyroid Disease	☐Cancer	

Neck Mass	Eye drainage	Increased bleeding	Shortness of breath	
Review of Systems:				
Bleeding	Neck pain	Eye pain	Falsedes	Wheeze
Dizziness	Neck stiffness	Eye swelling	Pallor	
Dry Mouth	Increased infection	Loss of color vision	Blisters	Alerts:
Dysphagia	Chest pain	Redness	New lesion	Allergy to Adhesive
Dysphonia	Dyspnea (shortness of	Vision loss	Rash	Allergy to latex
Ears, itching	breath with exertion)	Asdominal pain	Scaling	Allergy to shellfish/iodine
Excessive salvation	Exercised intolerance	Constipation	Skin, bleeding	Blood thinners
Foul smell	Increased heart rate	Diarrhea	Skin, itching	Defibrillator
Hearing loss	Orthopnea	Early satiety	Skin, pain	Joint replacement/spinal hardware
Hoarseness	Fatigue	Heartburn	Loss of mobility	Mechanical valve
Loss of smell	Fever	Hematemesis	Musculoskeletal,	Pacemaker
Mouth, mass	Malaise	(bloody vomit)	pain	Pregnancy / planning pregnancy
Nasal obstruction	Night sweats	Hematochezia	Swelling	Premedication prior to procedures
Odynophagia (Throat	Weight gain	(bloody stool)	Confusion	Radioactive iodine treatment
pain with swallowing)	Weight loss	Indigestion	Decreased sensation	Recent Chemo
Oral bleeding	Cold intolerance	Melena (black stool)	Headache	Under pain management
Oral pain	Dry hair	Vomiting	Increased sensation	Radiation therapy
Otalgia (ear pain)	Dry skin	Dyuria (pain with	Memory loss	West Africa: Travel or Contact
Otorrhea (ear drainage)	Heat intolerance	urination)	Sensitivity	Ebola Risk: Fever > =100.4 degrees
Post nasal drip	Increased hunger	Hematuria (blood in urine)	Tremor	Ebola Risk: Resided or Traveled
Rhinorrhea (nasal drainage)	Increased thirst	Incomplete emptying	Anxiety	to country
Sound sensitivity	Moist skin	(bladder)	Depression	Ebola Risk: Headaches,
Stridor	Oily hair	Incontinence	Hallucinations	weakness, muscle pain,
Throat pain	Blurry vision	Increased urinary	Loss of motivation	vomiting, diarrhea,
Tinnitus (ringing in ears)	Double vision	frequency	Suicidal ideation (thoughts	abdominal pain, and / or
Tongue swelling	Epiphora (excessive	Leaking	Cough	hemorrhage
Ulcers	tearing)	Bruising	Hemoptysis (coughing up b	
Vertigo (spinning sensation)	Eye bulging	Clots	Increased sputum	

☐ Please ask us for additonal forms if more space is needed

SIGNATURE: **DATE:**