PRINCETON EYE & EAR

Name: **Date:**

Age / DOB:

Primary Doctor:

Who is with you:

Reason for your visit / Duration of problem: **Past Surgeries:**

☐ Ear ☐ Nose

☐ Throat

Medical History: (i.e. High blood pressure, Diabetes, Cancer)

Medications: (indicate if none)

Drug 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)
Marijuana ☐ Yes ☐ No			

Family History:

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

Review of Symptoms:

Bleeding
Dizziness
Dry Mouth
Dysphagia
Dysphonia
Ears, itching
Excessive salvation
Foul smell
Hearing loss
Hoarseness
Loss of smell
Mouth mass
Nasal obstruction
Odynophagia (Throat pain with swallowing)
Oral bleeding
Oral pain
Otalgia (ear pain)
Otorrhea (ear drainage)
Post nasal drip
Rhinorrhea (nasal drainage)
Sound sensitivity
Snoring
Throat pain
Tinnitus (ringing in ears)
Tongue swelling
Ulcers
Vertigo (spinning feeling)
Skin, itching
Ear fullness (clogged)
Skin, bleeding
Rash
Neck stiffness
Increased infection
Chest pain
Dyspnea (shortness of breath with exertion)
Exercised intolerance
Increased heart rate
Fatigue
Fever
Malaise
Night sweats
Weight gain
Weight loss
Cold intolerance
Heat intolerance
Increase hunger
Increased thirst
Blurry vision
Double vision
Stridor
Neck Mass
orthopnea
Heartburn
Hematemesis (bloody vomit)
Hematochezia
Indigestion
Melena (black stool)
Vomiting
Dyuria (pain with urination)
Bruising
Clots
Wheeze
Lesion
Increased bleeding
Shortness of breath
Decreased sensation
Headache
Increased sensation
Memory loss
Sensitivity
Tremor
Anxiety
Depression
Hallucinations
Loss of motivation
Suicidal thoughts
Cough
Coughing up blood
Increased sputum
Swelling
Confusion
Loss of mobility
Musculoskeletal

Alerts:

Allergy to Adhesive
Allergy to latex
Allergy to shellfish/iodine
Blood thinners
Defibrillator
Joint replacement/spinal hardware
Mechanical valve
Pacemaker
Pregnancy / planning pregnancy
Premedication prior to procedures
Radioactive iodine treatment
Recent Chemo
Under pain management
Radiation therapy
West Africa: Travel or Contact
Ebola Risk: Fever > =
Ebola Risk: Resided or Traveled to country
Ebola Risk: Headaches, weakness, muscle pain, vomiting, diarrhea, abdominal pain, and / or hemorrhage

Other symptoms:

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

SIGNATURE: **DATE:**