RANSOM MEMORIAL HOSPITAL

ENT/AUDIO ADULT PATIENT HISTORY FORM

1402 S. Main Street, Ottawa, KS 66067
785-229-3390

Patient Name_____**DOB:**_____**Age:**_____

Referring/Regular Physician:_____Pharmacy: _____

Reason for today's visit_____

Weight: _____ Height: _____ Smoker? ☐**YES** ☐**No** ☐**Former** How much?_____

Are you having any pain? ☐**YES** ☐**NO** Rate your pain on a scale from **1 – 10** _____ **10** as worst?

Have you fallen in the last 6 months? ☐**YES** ☐**NO** Injury_____

Last Menstrual Cycle:_____ **Hysterectomy**_____ **Menopause**_____

List medications you are taking: _____

_____

_____

List any drug allergies: _____

SOCIAL HISTORY: Married: _____ Divorced_____ Widowed_____Number of Children: _____

Have you had a problem tolerating anesthesia? ☐**YES** ☐**NO** Are you allergic to latex? ☐**YES** ☐**NO**

FAMILY HISTORY: Are you adopted? ☐YES ☐NO Mother: ☐Living ☐Deceased Father: ☐Living ☐Deceased

	Mother	***Father***		***Mother***	***Father***		***Mother***	***Father***
Hypertension	☐	☐	Heart Disease	☐	☐	Stroke	☐	☐
Meniere's	☐	☐	Thyroid Disease	☐	☐	Hearing Loss	☐	☐
Diabetes	☐	☐	Epilepsy	☐	☐	Free Bleeding	☐	☐
Hay Fever/Allergies	☐	☐	Cancer	☐	☐	Other	☐	☐

PAST MEDICAL HISTORY: ***(Do you have a history of the following?)***

Global: ❑ Weight loss ❑ Sleep apnea ❑ Thyroid problems ❑ Anemia ❑ HIV/AIDS ❑ Hepatitis ❑ Diabetes

Eyes: ❑ Pain ❑ Pressure ❑ Double vision ❑ Glaucoma ❑ Dry eyes

Ears: ❑ Pain ❑ Ringing ❑ Blockage ❑ Hole in ear drum ❑ Hearing loss ❑ Drainage

Nose: ❑ Nose bleeds ❑ Allergies/hay fever

Throat: ❑ Tonsillitis ❑ Throat pain ❑ Hoarseness ❑ Excessive voice use ❑ Swallowing difficulty ❑ Throat clearing ❑ Snoring

Cardiac: ❑ Palpitations ❑ Swollen ankles ❑ Chest pain ❑ Heart attack ❑ Cholesterol ❑ Heart murmur ❑ Pacemaker ❑ High blood pressure

Bone/joint: ❑ Arthritis ❑ Paralysis ❑ TMJ problems

Neurology: ❑ Seizures ❑ Strokes ❑ Migraines ❑ Headaches ❑ Chronic fatigue

Skin: ❑ Rash ❑ Skin cancer/melanoma

Please list any illnesses, hospitalizations or surgeries past or present: _____