REVIEW OF MEDICAL HISTORY (Page 2)

PERSONAL HABITS - Quantity Per Day				
Caffeine	Y	N	Cups per day	
Tobacco	Y	N	Cig/ chew	
Alcohol	Y	N	Drinks per day	

X-RAYS			Area of body	Facility
CT's	Y	N		
MRI's	Y	N		

PREVIOUS SURGERIES				
Tonsillectomy	Y	N	Year	
Nose/ Sinus	Y	N	Year	
Thyroid	Y	N	Year	
Ears	Y	N	Year	
Throat	Y	N	Year	

All other Surgeries

MEDICATIONS	
NAME	DOSAGE

Alleries to any Medications / Reactions

PLEASE LIST ALL HERBAL/NATURAL SUPPLEMENTS	
NAME	DOSAGE

WORK HISTORY	
Loud noise exposure	
Current Occupation	
Past Occupations	

FAMILY HISTORY - Has any blood relative had any of the following?				
Hearing Loss	Y	N	Relationship	
Bleeding Tendency	Y	N	Relationship	
Ear Tendency	Y	N	Relationship	
Sleep Apnea	Y	N	Relationship	
Heart Disease	Y	N	Relationship	
Emphysema	Y	N	Relationship	
Asthma	Y	N	Relationship	
High Blood Pressure	Y	N	Relationship	
Severe Allergies	Y	N	Relationship	
Diabetes	Y	N	Relationship	
Cancer	Y	N	Relationship	
Obesity	Y	N	Relationship	
Thyroid Trouble	Y	N	Relationship	
Large Tonsils	Y	N	Relationship	