STEPHEN A. LANDERS, M.D.

DIPLOMATE, AMERICAN BOARD OF OTOLARYNGOLOGY
HEAD AND NECK SURGERY

PEDIATRIC AND ADULT
EAR, NOSE & THROAT

HEALTH HISTORY CONFIDENTIAL

NAME ______________________ **DATE** ______________________

REASON FOR TODAY'S VISIT ______________________

REVIEW OF SYMPTOMS / MEDICAL PROBLEMS--------CHECK ALL THAT APPLY

GENERAL
- ❑ CANCER
- ❑ DIABETES
- ❑ FATIGUE
- ❑ FEVER
- ❑ HIV
- ❑ WEIGHT CHANGE
- ❑ OTHER ____________

EAR, NOSE, THROAT
- ❑ BALANCE DISTURBANCE
- ❑ DIZZINESS
- ❑ EAR INFECTION
- ❑ EAR PAIN
- ❑ HEARING LOSS
- ❑ RINGING IN EARS
- ❑ INABILITY TO SMELL
- ❑ NASAL CONGESTION
- ❑ NASAL DRAINAGE
- ❑ NOSE BLEED
- ❑ SINUS HEADACHE
- ❑ SINUS PROBLEMS
- ❑ SNORING
- ❑ SORE THROAT
- ❑ DIFFICULTY SWALLOWING
- ❑ HOARSENESS
- ❑ THYROID DISEASE
- ❑ OTHER ____________

EYE
- ❑ CATARACT
- ❑ GLAUCOMA
- ❑ VISION LOSS
- ❑ OTHER ____________

CARDIOVASCULAR
- ❑ ARRHYTHMIA
- ❑ HEART MURMUR
- ❑ HEART VALVE DISEASE
- ❑ HIGH BLOOD PRESSURE
- ❑ HIGH CHOLESTEROL
- ❑ PACEMAKER
- ❑ PREVIOUS HEART ATTACK
- ❑ SWELLING IN FEET
- ❑ OTHER ____________

RESPIRATORY
- ❑ ASTHMA
- ❑ BLOODY SPUTUM
- ❑ BRONCHITIS
- ❑ COUGH
- ❑ EMPHYSEMA
- ❑ LUNG CANCER
- ❑ PNEUMONIA
- ❑ SHORT OF BREATH
- ❑ SLEEP APNEA
- ❑ OTHER ____________

GASTROINTESTINAL
- ❑ ABDOMINAL PAIN
- ❑ COLON CANCER
- ❑ DIVERTICULITIS
- ❑ GALL BLADDER DISEASE
- ❑ HIATAL HERNIA
- ❑ INDIGESTION
- ❑ IRRITABLE BOWEL
- ❑ LIVER DISEASE
- ❑ NAUSEA
- ❑ REFLUX ESOPHAGITIS
- ❑ ULCER OR GASTRITIS
- ❑ VOMITING
- ❑ VOMITING BLOOD
- ❑ OTHER____________

MUSCLE / JOINT & BONE
- ❑ ARTHRITIS
- ❑ BACK PAIN
- ❑ BROKEN BONES
- ❑ NECK PAIN
- ❑ OTHER____________

SKIN
- ❑ SKIN CANCER
- ❑ SKIN DISEASE
- ❑ OTHER____________

GENITOURINARY-GYN
- ❑ KIDNEY STONES
- ❑ KIDNEY FAILURE
- ❑ URINARY TRACT INFECTION
- ❑ ENLARGED PROSTATE (MALE)
- ❑ PROSTATE CANCER (MALE)
- ❑ PREGNANT (FEMALE)
- ❑ UTERINE CANCER (FEMALE)
- ❑ CERVICAL CANCER (FEMALE)
- ❑ OTHER ____________

NEUROLOGIC/PSYCHIATRIC
- ❑ DEPRESSION
- ❑ DISORIENTATION
- ❑ HEADACHE
- ❑ HEAD INJURY
- ❑ MEMORY PROBLEM
- ❑ PARKINSONS
- ❑ PSYCHIATRIC CARE
- ❑ SEIZURE
- ❑ STRESS / ANXIETY
- ❑ STROKE
- ❑ OTHER ____________

DO YOU USE TOBACCO PRODUCTS?
___ PACKS OF CIGARETTES PER DAY FOR ________ YEARS
- ❑ SMOKE CIGARETTES, CIGARS, OR PIPE
- ❑ USE SMOKELESS TOBACCO
- ❑ QUIT SMOKING: YEAR____
- ❑ NEVER USED TOBACCO

DO YOU DRINK ALCOHOL?
- ❑ NEVER
- ❑ RARELY
- ❑ MODERATE
- ❑ MORE THAN TWO EVERY DAY

DRUG ALLERGIES
____
____
____

PREVIOUS SURGERY / HOSPITALIZATION (YEAR):

____

____

MEDICATIONS:

____

THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

______________________ ______________________
PATIENT SIGNATURE *DATE*

______________________ ______________________
STEPHEN A. LANDERS, M.D. *DATE*