
Name: _____ Date of Birth: _____ Age: _____

Primary Care Physician: _____ PCP Hospital Affiliation: _____

How did you hear about us? _____

Email (you will receive an invitation to our patient portal): _____

What is your primary reason for today's visit? _____

Pharmacy Information: CVS Walgreens Rite-Aid Costco Target Other: _____

Street/City: _____ Your doctor will send your prescriptions electronically to your pharmacy.

Please list your height and weight: _____ ft. _____ inches _____ lbs.

Please list allergies to medications or anesthesia: no known allergies

List current medications (or provide list if available): no current medications

Do you have a FAMILY history of: Hearing loss under age 65 Cancer of the Head and Neck

Bleeding Disorders Reactions to General Anesthesia NONE of these

Do you currently drink alcohol? Y N How much?
If no, did you drink alcohol in the past? Y N How much?
History of loud noise exposure? Y N If yes, describe:
Do you use e-cigarettes or vape? Y N If so, how much?
Do you currently smoke? Y N If so, how much?
Have you smoked in the past? Y N If so, how much? Quit date: _____

Prior surgical procedures of the ears, nose, throat, head or neck: none

Do YOU have a history of: High blood pressure Asthma Heart Disease Diabetes none of these

Please list any other medical conditions you may have: no medical conditions

Do you have a pacemaker or any other metal implants? none

Do you currently experience any of the following (please circle):

- Fever Unexplained weight loss Unexplained weight gain Double Vision Itching eyes
Hearing Loss Frequent nosebleeds Sore throat Snoring Dry Mouth Difficulty Swallowing Hoarseness
Headaches Seizures Chest Pain Palpitations Wheezing Shortness of Breath
Heartburn Nausea Easy Bruising Bleeding problems Depression Anxiety Muscle Aches Joint Pain
Rashes Itching Dry Skin Heat/Cold Intolerance