
Child's Name: _____ Date of Birth: _____ Age: _____

Pediatrician: _____ Hospital Affiliation: _____

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

Your doctor will send your prescriptions electronically to your pharmacy. Please provide pharmacy information: CVS Walgreens Rite-Aid Costco Target Other: _____ Street/City: _____

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

Child's current height and weight: _____ lbs. _____ ft. _____ inches

Please list ALLERGIES to medications or anesthesia: no known allergies

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

Does child have a family history of:

- hearing loss under age 65 cancer of the head and neck bleeding disorders
 reactions to general anesthesia Or NONE

Does anyone in the home smoke? YES or NO

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

Does your child have a history of : Asthma Heart Disease Diabetes NONE

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

Any problems or complications with pregnancy or delivery? none

Does the child 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