

advocare | Aroesty Ear, Nose  
& Throat Associates

Adult & Pediatric Otolaryngology – Head & Neck Surgery • Sinus & Nasal Surgery • Hearing & Balance Disorders • Otologic Surgery

**Patient Health History**

Patient's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Sex  Male  Female Date of Birth: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Pharmacy Preference (location and phone number) \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

Please list any medications you are currently taking:

Name of Medication	Dosage	How often taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any medication allergies?  Yes  No If Yes, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Medication	Type of Reaction
_____	_____
_____	_____
_____	_____

Surgeries and Hospitalizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any problems with Anesthesia?  Yes  No If yes, what types?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for non-surgical reasons?  Yes  No If yes, list reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current or most recent occupation \_\_\_\_\_