Atlanta CENTER FOR ENT & FACIAL PLASTIC SURGERY

PAST HISTORY (check one)	YES	NO	(Give explanation for yes answers)
Past Operations			
Allergies to medications			
Present Medications (please list all)			
Blood or Bleeding Disorders			
Severe Trauma			
Tuberculosis			
Hepatitis			
High Blood Pressure			
Diabetes			
Seizures			
Post-Anesthesia Reaction			
Heart Murmur			
Any medical history not listed above			

SOCIAL HISTORY: Occupation	YES	NO	How much?
Smoke			
Alcoholic Drink			

REVIEW OF SYSTEMS (Have you had?)	YES	NO	(Give explanation for yes answers)
Hearing loss, poor vision			
Recurrent sinus infections			
Rheumatic Heart Disease			
Heart Attack			
Pneumonia			
Emphysema			
Bronchitis			
Asthma			
Coughing up blood			
Kidney Stones or Infection			
Bladder Infection			
Difficulty with urination			
Stomach Ulcers			
History of Blood Clots			
Blood in Stools			
Cancer			
Thyroid Disease			
Fainting			
Dizzy spells			
Severe Headaches			
Any Female Disorder			
Number of Children (if Female)			
Have you been exposed to HIV			
Are you HIV positive			
Could you be pregnant?			**NOTIFY US BEFORE HAVING XRAYS**
Surgery, or Medical Care			
Mental Status is alert, oriented to person, place and time.			

FAMILY HISTORY (Blood Relatives)	YES	NO	(Mother, Father, Grandparent, aunt, etc.)
Cancer			
Hearing Loss			
High Blood Pressure			
Heart Attack			
Diabetes			
Bleeding Disorder			
Hepatitis			
Tuberculosis			

ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____