OC EAR, NOSE, THROAT
HEAD & NECK SURGERY

16100 Sand Canyon Ave. Suite 230 Irvine CA 92618
Tel: (949) 715-0500 Fax: (949) 715-0504
www.ENTdoctorOC.com

Health History

Name: _____ Date of Birth: _____

☐ Primary Doctor ☐ Referring Doctor ☐ Previous Doctor: _____

Reason for Visit: _____

Current Pharmacy (Name and Cross Streets): _____

Other Medical Problems:

1 _____ 4 _____ 7 _____

2 _____ 5 _____ 8 _____

3 _____ 6 _____ 9 _____

Previous Surgeries:

1 _____ 4 _____ 7 _____

2 _____ 5 _____ 8 _____

3 _____ 6 _____ 9 _____

Current Medications (Attach List if Available)

	Medication	Strength	Frequency
1			
2			
3			
4			
5			
6			
7			

Allergies to Medications: _____

Environmental Allergies: _____

Health Habits/Personal Safety:
Tobacco Use: □ Yes □ No Type: □ Cigarettes □ Pipe □ Chewing tobacco
How long? _____ Year Quit: _____
Alcohol Use: □ Yes □ No Frequency: □ Occasional □ Several times per week □ Daily
History of Head and Neck Cancer in the Family? _____

The listed medications are most current and correct _____ _____

Patient Signature **Date**