



# GENERAL MEDICAL HISTORY

Note: This form may be completed manually or on your computer. To complete this form on your computer: 1. Type your answer in each field. 2. Save your work often on your computer or device. 3. Print the completed form and bring it with you to your first appointment.

Tel: (760) 291-6977

Fax: (760) 747-3123

PATIENT NAME (PLEASE PRINT)

PATIENT DATE OF BIRTH

REASON FOR YOUR VISIT TO ENT

OCCUPATION

IF RETIRED, DO YOU LIVE AT

- Home or with family
- A care facility

HAVE YOU HAD A PREVIOUS ENT EVALUATION OR SURGERY?

- YES
- NO

## Current health problems (check all that apply):

### Heart

- Pacemaker
- High blood pressure
- Other heart problems
- None

### Lungs

- Asthma
- COPD/emphysema
- Other lung problems
- None

### Abdominal

- Hepatitis
- Other stomach or intestinal problems
- None

### Tumors

- Cancer \_\_\_\_\_
- None

### Kidneys

- Kidney disease
- None

### Endocrine (hormones)

- Diabetes
- Other \_\_\_\_\_
- None

### Blood

- Blood coagulation disorder
- None

### Neurologic

- Seizures
- Stroke
- Other neurologic problems
- None

### Allergy

- Medications
- Environmental
- Food
- Other allergy
- None

### Infectious disease

- MRSA
- Other \_\_\_\_\_
- None

### Smoking

- Yes
- No

*Continued on other side/*



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If you have not been previously seen by a Graybill Provider, please list names of medications and dosages or attach your medication list.

Name of Medication	Dosage
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

If you are allergic to any medication or latex products, please list and describe any allergic reactions.

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\*\*\*THANK YOU!\*\*\*