

North Shore Ear, Nose & Throat Associates, P.C.

Danvers Office
 104 Endicott Street, Suite 100
 Phone: 978.745.6601

Beverly Office
 Cummings Center, Suite 136G
 Phone: 978.921.6282

Medical History

Patient Name: _____

Date: _____

Do you have any of the following medical conditions?

| Medical Condition | Yes | No | Comments |
|---|-----|----|----------|
| Heart Disease | | | |
| Elevated Cholesterol | | | |
| Heart Murmur | | | |
| Diabetes | | | |
| Thyroid Condition | | | |
| Asthma | | | |
| Abnormal Bleeding | | | |
| Bleeding Disorders | | | |
| Kidney Problems | | | |
| Liver Problems | | | |
| Eye Problems | | | |
| Heartburn or Indigestion | | | |
| Cancer (If yes, specify type in comments) | | | |
| Significant Snoring | | | |
| Apnea | | | |
| Allergies/Hay Fever | | | |
| High Blood Pressure | | | |
| Other Medical Conditions (If yes, please explain) | | | |

| Previous Surgeries? | Yes | No | Please Explain |
|---------------------|-----|----|----------------|
| | | | |
| | | | |
| | | | |

| Smoking History | Yes | No | If yes, how much? | How long? |
|---|-----|----|-------------------|-----------|
| Do you smoke cigarettes, cigars or pipes? | | | | |
| Have you ever smoked cigarettes, cigars or pipes? | | | | |

| How often do use alcohol? | Never | 1-2 times per week | 3-5 times per week | 5-10 times per week | > 10 times per week |
|-----------------------------|-------|--------------------|--------------------|---------------------|---------------------|
| | | | | | |
| Are you currently pregnant? | Yes | No | | | |
| | | | | | |

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Medical History

Patient Name: _____

Date: _____

Please list all current medications:

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Please list any drug allergies or reactions:

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| Family History | Yes | No | Comments |
|----------------|-----|----|----------|
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Please list name & address of pharmacy you use:

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