

Oregon Ear, Nose and Throat, PC

James J. Knackstedt, MD

Patient Name: _____

Date: _____

Occupation: _____

What problems are you here for today? _____

Were you ever seen by another Ear, Nose and Throat specialist? Y or N / If so, was it within the last 3 years? Y or N

Major Illnesses: (circle)

Asthma Emphysema/COPD High Cholesterol Diabetes Thyroid Problems

AIDS/HIV Hepatitis A, B or C Heart Disease High Blood Pressure

Other: _____

Cancer: What type? _____

Current Medication and Dosages:

1.) _____ 4.) _____ 7.) _____

2.) _____ 5.) _____ 8.) _____

3.) _____ 6.) _____ 9.) _____

Do you currently take any medication containing Aspirin? Y or N

Name and Dosage: _____

Previous Surgical Procedures, dates and surgeon: (Procedures that were done under general anesthesia)

1.) _____ 5.) _____

2.) _____ 6.) _____

3.) _____ 7.) _____

4.) _____ 8.) _____

Do you need to take antibiotics before procedures or dental work? Y or N

Do you or any family members have a history of easy bruising or excessive bleeding? Y or N

If yes, please explain: _____

Drug Allergies:

1.) _____ 3.) _____ 5.) _____

2.) _____ 4.) _____ 6.) _____

Smoker? Y or N

If you have quit, how long ago?

Packs/Day _____ How many years? _____

_____ Months _____ Years _____

Chew Tobacco? Y or N

If you have quit, how long ago?

How Many years? _____

_____ Months _____ Years _____

Alcohol? Y or N

If you have quit, how long ago?

oz/day _____ How many years? _____

_____ Months _____ Years _____

Street Drugs? Y or N

If you have quit, how long ago?

If yes, what types? _____

_____ Months _____ Years _____