Dr. Peter Zonakis M.D. Otolaryngology

Patient Name:_____ DOB_____

Today's date _____

Please answer all of the following questions:

Family Doctor:_____ Referring Doctor:_____

Why are you here today:_____

Have you had previous treatment: Yes_____ No_____

Please List:_____

ENT Review of Systems

Ears: Circle Right or left or both

R / L Hearing loss
R / L Ringing in Ear/s
R / L Ear Discharge
____ Dizziness (Spinning sensation)
____Off- Balance
____ Loud Noise Exposure (___ Guns, ____ Job)

Nose:

____Congestion or stuffiness
____ Runny Nose
____ Postnasal Drip
____ Nosebleeds
____ Sinus Infections
____ Breathing Obstruction
____ Abnormality of Smell

Headache:

Where is it located? _____
____ Constant
____ Periodic
____ Throbbing
____ Pressure
____ Nausea
____ Sensitive to Light/ Eye symptoms

Throat

____ Sore Throat
____ Difficulty Swallowing
____ Hoarseness
____ Cough
____ Mouth Ulcers
____ Heartburn

Face and Neck

____ Lump in neck
____ Non-Healing sore
____ Change in Mole
____ Scar
____ Pain: Right or Left side

Check if you have had any of the following:

____ Anemia
____ Arthritis
____ Asthma
____ Bleeding Disorder
____ Bronchitis
____ Cancer
____ Cataracts
____ Diabetes
____ Emphysema
____ Glaucoma
____ Hearing Problems
____ Heart Disease
____ Heart Murmur
____ Hepatitis
____ High Blood Pressure
____ High Cholesterol
____ HIV Positive
____ Kidney Disease
____ Malignant Hyperthermia
____ Migraine Headaches
____ Mononucleosis
____ Multiple Sclerosis
____ Pacemaker
____ Prostate Disorder
____ Pneumonia
____ Psychiatric Disorder
____ Seizures
____ Stomach Ulcers
____ Thyroid Disorder
____ Tuberculosis

Other Illnesses:

_____

Family History: Please check all that apply

____ Stroke
____ Hearing Loss
____ TB
____ Kidney Disease
____ Heart Disease
____ High Blood Pressure
____ Arthritis
____ Anesthesia Complications
____ Diabetes
____ Cancer
____ Respiratory Disease

Allergies:

_____

_____

Medications:

_____

_____

Surgical History:

_____

_____