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Patient Intake Form

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Lung:						□ Neurosurgery
□ Bronchosco	сору	Orthoped	ic:	□ Bladder		□ Eye
provide list on sep	parate pa	aper). Please	nclude ove	er the counter med	ications.	
EDICATION DOSE			REASON			
□ C Lui □ B	Other ng: Bronchoso	ng: Bronchoscopy list on separate p	Other	Other Intestinal Surgery Gall bladder Orthopedic: list on separate paper). Please include over	Other Intestinal Surgery Pelvic: Ing: Gall bladder Prostate Bronchoscopy Orthopedic: Bladder list on separate paper). Please include over the counter median	Other

PLEASE TURN OVER →

• ALLERGIES

Please list all allergies to medications and foods:

□ No Allergies

ALLERGY	REACTION
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• FAMILY HISTORY Check if any of these run in the fam Autoimmune Disease Bleeding/Coagulation Disorder Heart Disease	ily (only those related by blood): □ Diabetes □ High Blood □ Thyroid Disease □ Tuberculosi □ Hearing Loss □ Problems w	S
• SOCIAL HISTORY		
Marital Status: □ Single	□ Married/Partnered □ Divor	ced Other Previous:
Tobacco : □ Never Smoked □ O Alcohol: □ Never Drank Alcohol □ Former drinker stopp	l Drink currently Beer ed	es r day # years smoking
• SPECIAL CONCERNS □ Pregnant (Due:)		d Thinners □ Require antibiotics for procedures □ Latex allergy
• REVIEW OF SYSTEMS Check other active symptoms		
Constitutional:	Eyes:	Neurologic:
□ Fever	☐ Recent Change in Vision	□ Weakness
□ Chills	□ Per-Orbital Swelling	□ Seizures
□ Night Sweats	Gastrointestinal:	□ Numbness
□ Weight Loss	☐ Trouble Swallowing	Endocrine:
☐ Loss of Appetite	☐ Heartburn	☐ Heat Intolerance
Cardiovascular	□Bloody Vomiting	□ Cold Intolerance
□ Cheat Pain	Genitourinary:	Hematology / Lymphatic:
□ Fainting	☐ Urinary Retention	□ Easy Bleeding
☐ Irregular Heart	Integument:	☐ Excessive Bleeding with Previous Surgeries
Respiratory:	☐ Changes to Existing Skin Lesion	
☐ Shortness of Breath	Psychiatric:	☐ Allergy / Immunology:
	□ Anxiety	□ Eczema
□ Coughing up blood	□ Depression	□ Asthma
□ Wheezing		☐ Allergic Conjunctivitis (red eyes)
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Head/Ears/Nose/Throat	☐ Decreased Sense of Smell	□ Ringing in Ears
□ Headache		□ Roaring Sound in Ear
☐ Vertigo (Spinning Sensation)	□ Oral Ulcers	□ Pulsatile Tinnitus
□ Dizziness	□ Oral Sores	□ Oral Blisters
☐ Lightheadedness	□ Nasal Pain	□ Oral White Spots
□ Recent Head Injury	□ Purulent Nasal Discharge	□ Mouth Pain
☐ Sinus Pain	☐ Gingival Bleeding	□ Dry Mouth
□ Nasal Congaction	☐ Dental Problems	□ Enlarged Tonsils
□ Nasal Congestion	☐ Dentures	☐ Frequent Throat Cleaning
□ Nosebleeds□ Nasal Discharge	□ Neck Stiffness□ Neck Pain	□ Lump in Throat□ Hoarseness
□ Ear Discharge	□ Neck Tenderness	☐ Change in Voice
□ Ear Fullness	☐ Thyroid Mass	☐ Change in Voice ☐ Difficulty Swallowing
☐ Itching in Ear	☐ Sore Throat	□ Neck Mass
□ Ear Swelling	□ Breath Odor	□ Swollen Glands
□ Pressure Sensation in Ear	□ Ear Pain	□ Neck Swelling
□ Deviated Septum	☐ Hearing Loss	☐ Hearing Aid
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Patient Signature:		Date: