HEIDI HERAS, MD
ears, nose & throat specialist

ADULT HEALTH HISTORY

EARS • NOSE • THROAT • WWW.DRHEIDIHERAS.COM

Patient Name: _____ DOB _____

Preferred Name _____ ❑ Male ❑ Female

Full Name of Referring Doctor _____ ❑ Dr ❑ NP ❑ PA

Reason for visit and symptoms _____

PAST MEDICAL HISTORY

*Please check, if yes, and explain

❑ Asthma _____

❑ Heart conditions (murmur, heart failure):

_____

_____

❑ Bleeding problems Blood/Lymphatic _____

❑ Have you had a bad reaction to anesthesia?

_____

❑ Reaction to anesthesia in relative? _____

❑ High blood pressure _____

❑ Heart attacks or angina _____

❑ Lung problems _____

❑ Neurological problems _____

❑ Stroke _____

❑ Severe headaches _____

❑ Arthritis _____

❑ Sleep apnea _____

❑ Diabetes or low blood sugar _____

❑ Blood clots _____

❑ Kidney problems _____

❑ Muscle disorders _____

❑ Skin problems _____

❑ Cancer _____

❑ Intestinal problems _____

❑ Depression or other psychiatric illnesses

_____

❑ Seizures _____

❑ Tuberculosis _____

❑ Eye problems _____

❑ Sinus problems _____

❑ Hearing problems _____

❑ Other: _____

Medication (Please list all medications you are currently taking, including vitamins, herbs, and over the counter medications): __

_____

_____

_____

Weight _____ Height _____

Allergies: (Please list all the medications you are allergic to and the reaction): _____

_____

Environmental/ Food allergies? ❑ Yes ❑ No

If yes, please explain: _____

Have you ever been tested for allergies? ❑ Yes ❑ No

Previous Hospitalizations **Date**

_____

_____

_____

Previous Surgeries **Date**

_____

_____

_____

Social History

❑ Married ❑ Separated ❑ Divorced ❑ Not Married

Do you have a history of using tobacco? ❑ Yes ❑ No

Do you drink alcoholic beverages? ❑ Yes ❑ No

Do you drink caffeine? ❑ Yes ❑ No

Have you ever **over used** pain medications? ❑ Yes ❑ No

What do you do for a living?

_____

Please list any significant illnesses and cause of death of family members (Including heart, liver cancer and kidney):

_____

_____

_____

Patient Signature **Date**

For office use only:

__/__/__ __/__/__ __/__/__

Revised 7.22.15

482 West 50 North #14 • American Fork, UT 84003 • Office: 801 492 7662 • Fax: 801 492 7663