QUEEN CITY
EAR NOSE & THROAT

Medical History Form

Patient Medical History

Please list any medical conditions you currently have or have had, specifying if the condition is current or a previous condition.

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_____

_____

_____

Family Medical History

Please list any known medical condition of your immediate blood relatives. This would include your parents, grandparents, aunts, uncles, and siblings.

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Surgery History

Please list any surgeries you have had, include surgery dates. If you have a long list of surgeries, please place on the back of this form and show the front desk staff the extended list.

_____

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Monroe Office - 1994 Wellness Blvd, Suite 210, Monroe NC 28110
Blakeney Office - 8924 Blakeney Professional Drive, Charlotte NC 28277
Phone 704-703-1080 Fax 704-703-1090

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Allergies

Please list any allergies you have including environmental, food, and drug allergies. If you have a longer list, please use an arrow, write on the back of this form and notify the front desk staff.

_____

_____

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_____

Current Medications

Please list ALL medications and dosages you are currently taking including: non-prescription medications, vitamins, and supplements. If you have a longer list, please use an arrow, write on the back of this form and notify the front desk staff.

_____

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_____

Do you drink alcohol? YES NO If yes, how much / wk / day? _____

Do you smoke / vape? YES NO If yes, how much / wk / day? _____

Do you consume caffeine? YES NO If yes, how much / wk / day? _____

Do you use recreational drugs? YES NO If yes, how much / wk / day? _____

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