

NORTH KITSAP E.N.T. – Patient Medical Information Form

DATE: _____

Last Name: _____ First Name: _____ MI _____

DOB: _____ Age: _____ Male Female

Occupation: _____ If retired, former occupation: _____

Referring Physician: _____

Primary Care Physician: _____

Pharmacy Preference/Location: _____

Reason for Visit: _____

MEDICAL INFORMATION

Have you ever been diagnosed with a MRSA infection: YES NO Infection Site: _____

Have you ever been **exposed** to: HIV Hepatitis Tuberculosis

Have you ever been **infected** with: HIV Hepatitis Tuberculosis

Tobacco products used in the past: Cigarettes Pipe Chewing Tobacco

If previous use: age begun _____ amount per day _____ year or age quit _____

Have you ever used marijuana? YES NO If yes, amount /how long _____

Do you currently use marijuana? YES NO

MEDICATION LIST – List all current medicines, supplements and herbal medication and over-the-counter medication

SEE ATTACHED LIST

MEDICATION	DOSAGE/HOW OFTEN TAKEN	MEDICATION	DOSAGE/HOW OFTEN TAKEN

MEDICATION ALLERGIES

LATEX ALLERGY YES NO

NAME OF DRUG/TYPE OF REACTION	NAME OF DRUG/TYPE OF REACTION
<input type="checkbox"/> NO KNOWN DRUG ALLERGIES	

(OVER)

SURGERIES/PROCEDURES LIST – List ALL procedures and approximate year

SURGERIES – YEAR	SURGERIES – YEAR

Have you ever had any problems with anesthesia (being numbed or put to sleep)? YES NO

If yes, please list type of problem:

Have you ever been hospitalized for non-surgical reasons? YES NO

If yes, please list type of problem and year you were hospitalized:
