Pinnacle ENT | ALIGN ENT+ Allergy Partner

Patient Intake

Name _____ **DOB** _____ **Appointment Date** _____

What is the purpose of today's visit? _____

Have you had any previous tests related to this issue? ☐ Yes ☐ No

Have you seen any other medical providers related to this issue? ☐ Yes ☐ No

Who is your primary care physician (not group/practice, please)? _____

Did they refer you to us? ☐ Yes ☐ No If no, who did? _____

Who are your other physicians? _____

General Medical Information

Patient's Weight _____ Height _____

List ALL Medications & Doses (include over-the-counter)

_____

_____

_____

List ALL ENT-Related Surgeries (include year) _____

_____

List ALL Other Surgeries (include year) _____

_____

List ALL Hospitalizations (include year) _____

_____

List ALL DRUG allergies _____

_____

List ALL other allergies _____

_____

Females: Are you currently pregnant? ☐ Yes ☐ No

For Children: Is your child up to date with immunizations? ☐ Yes ☐ No

Do you have a latex allergy? ☐ Yes ☐ No

Family Medical History—Please check all that apply

	Mother	Father	Sibling		Mother	Father	Sibling
Stroke	☐	☐	☐	Arthritis	☐	☐	☐
Hearing Loss	☐	☐	☐	Blood Clotting Issues	☐	☐	☐
Kidney Disease	☐	☐	☐	Cancer	☐	☐	☐
Heart Disease	☐	☐	☐	Respiratory Disease	☐	☐	☐
High Blood Pressure	☐	☐	☐	Other _____	☐	☐	☐

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Social History—Please check all that apply

Tobacco Use	☐ Yes ☐ No	If yes, how often/many	_____
Alcohol Consumption	☐ Yes ☐ No	If yes, how often/many	_____
History of Substance Abuse	☐ Yes ☐ No	If yes, how often/many	_____
Recreational Drugs	☐ Yes ☐ No	If yes, how often/many	_____
Caffeine	☐ Yes ☐ No	If yes, how often/many	_____

Medical History—Please check if YOU have or have had any of the following conditions

- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Blood Clotting
- ☐ Bronchitis
- ☐ Cancer
- ☐ Cataracts
- ☐ Diabetes
- ☐ Emphysema
- ☐ Glaucoma
- ☐ Hearing Problems
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ HIV Positive
- ☐ Kidney Disease
- ☐ Migraine Headaches
- ☐ Mitral Valve Prolapse
- ☐ Mononucleosis
- ☐ Multiple Sclerosis
- ☐ Pacemaker/Defibrillator
- ☐ Pneumonia
- ☐ Prostate Disorder
- ☐ Psychiatric Disorder
- ☐ Seizures
- ☐ Stomach Ulcers

Other Illnesses _____

ENT-Related Symptoms—Please check all that apply

Ears

	Right	Left
☐ Hearing Loss	☐	☐
☐ Noise in Ears	☐	☐
☐ Ear Discharge	☐	☐
☐ Earache	☐	☐

- ☐ Dizziness
- ☐ Off-Balance
- ☐ Loud Noise Exposure
  - ☐ Guns ☐ Job

Nose

- ☐ Congestion/Stuffiness
- ☐ Runny Nose
- ☐ Postnasal Drip
- ☐ Nosebleeds
- ☐ Broken Nose
- ☐ Sinus Infections
- ☐ Breathing Obstruction
- ☐ Abnormality of Smell

Throat

- ☐ Sore Throat
- ☐ Difficulty Swallowing
- ☐ Hoarseness
- ☐ Cough
- ☐ Mouth Ulcers
- ☐ Heartburn

Face & Neck

- ☐ Lump in Neck
- ☐ Non-Healing Sore
- ☐ Change in Mole
- ☐ Scar
- ☐ Pain