Lafayette Otolaryngology Associates, Inc. ** LAFAYETTE ENT **

2320 Concord Road, Lafayette, IN 47909 (765) 477-7436 EAR, NOSE AND THROAT HEAD AND NECK SURGERY FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

Date: Patient Name	2	Date of Birth			
Past Medical History (Please	circle if you have had any of the fo	llowing; list specifics)			
Asthma	Liver Disease	Tuberculosis			
Cancer	Kidney Disease	Pneumonia			
Diabetes		Mononucleosis			
Heart Issues	Epilepsy, last episode?	Bronchitis			
High Cholesterol	Stroke ? If so, when?	Strep Throat			
		Ear Infections			
Bleeding Disorder	GI Diseases	Anesthesia Problems			
Allergy Testing	Other?				
ENT Surgical History (Please	circle any of the following that app	ply to you and list approx. date & details)			
Tonsillectomy	-	ery			
Adenoidectomy					
Nasal Surgery					
OTHER Surgical History (Pl	ease list any other surgeries and app	proximate dates)			
		Date			
(Attach additional pages, if nee	eded)				

Date:	Patient Name				Date of Birth				
Social Hist	ory (Pleas	se circle any	that app	ly)					
Never Smol	ked	Current Smo	ker	Social Smoker	Pre	evious Smok	ter		
How long have you smoked?			How many packs per day?						
If you quit,	how long a	ago?							
What do yo	u smoke?	Cigarettes	Cigar	Pipe					
Other Toba	cco Use?	Chewing To	obacco	Snuff					
		Cans per da	ay/week'	?	Number of	f years?			
If you quit,	how long a	ago?							
Do you con	sume alcol	nol? Yes							
				Beer					
Family His Please indic	tory cate if any	family memb	ers have	any of the follo	owing dise	ases (and the	• -	applicable)	
	Mother	Father	Sister	Brother	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad	
Anesthesia Problems									
Asthma									
Bleeding disorder									

Cancer

Diabetes

Heart Disease High Blood Pressure Thyroid Disease