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		Date of Birth								
Past Medical History (Please circle if you have had any of the following)										
Asthma	Neurological disease	List others:								
Cancer	Renal disease									
Diabetes	Respiratory disease									
GI disease	Seizures									
Heart disease	Stroke									
High blood pressure	Thyroid disease									
High cholesterol	Tuberculosis									
Liver disease	Pneumonia									
Bronchitis	Mononucleosis									

Date:						
Patient Name		Date of Birth				
Social History (Please circle	le any that apply)					
Never Smoked						
Do you use tobacco? Y	N					
Currently smoke every day?	Y N Currently sn	moke some days? Y N				
What type? Cigarettes	Cigar Pipe Chew Snu	uff				
Packs per day	Number of years					
If you quit, how long ago? _						
Do you use alcohol? Y	N					
How many drinks per week of	of each:BeerWin	neLiquor				

Family History
Please indicate which relative has had the following diseases (and type if necessary):

	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	_							