



**FLORIDA
ENT** ADULT & PEDIATRIC, PA

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FELLOW AMERICAN ACADEMY OF OTOLARYNGOLOGY

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LOCATIONS: * 400 Celebration Place, Suite 340
* 720 West Oak Street, Suite 101

OTOLARYNGOLOGY – HEAD & NECK SURGERY – EAR & SINUS SURGERY – FACIAL PLASTIC & SKIN CANCER SURGERY – THYROID SURGERY

HISTORY

(Please fill out as completely as possible using black ink)

NAME _____ BIRTHDATE _____ AGE _____ PRIMARYCARE DOCTOR _____

PROBLEM YOU ARE SEEING THE DOCTOR FOR: _____

PREVIOUS & CURRENT MEDICAL CONDITIONS (CIRCLE: No Problems, Bleeding Disorder, HIV, Hepatitis, Hypertension, Heart Disease, Cholesterol, Diabetes, Stroke, TIA, Asthma, COPD, Pneumonia, Cancer, Thyroid, Liver, Renal Insufficiency, Prostate, Migraines, Depression, Anxiety, Fibromyalgia, Arthritis, Cataract, Decreased Vision, Glaucoma, Vertigo, COME, COE, CHL, SNHL, Facial Paralysis, Inf Turb HyperDeviated Septum, Chronic Sinusitis, Polyps, Allergic Rhinitis, Ch. Tonsillitis, Snoring, Sleep Apnea, GERD, TVC Paralysis, TVC nodules, **Currently Pregnant**)

1. _____ 4. _____ 7: _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

PREVIOUS SURGERIES: (CIRCLE: No Surgeries, Ear Tubes, Tympanoplasty, Mastoidectomy, Septoplasty, ITR, Sinus Surgery, Rhinoplasty, T&A, UPPP, BOT reduction, Thyroidectomy, Heart Bypass, Pacemaker, Stents, Angioplasty, Cholecystectomy, Hernia, Esophagoscopy, Colonoscopy, Hysterectomy, C-section, Prostate, Back, Neck, Hip, Knee, Cataract)

1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

MEDICATIONS CURRENTLY TAKING WITH DOSE (INCLUDE VITAMINS AND NON-PRESCRIPTIONS LIKE ASPIRIN):

1. _____ 5. _____ 9. _____
2. _____ 6. _____ 10. _____
3. _____ 7. _____ 11. _____
4. _____ 8. _____ 12. _____

ALLERGIES TO MEDICATION: NONE / YES TO: _____

SMOKING YES / NO HOW MUCH PER DAY _____ HOW MANY YEARS _____
ALCOHOL YES / NO HOW MUCH PER DAY _____ HOW MANY YEARS _____
CAFFEINE YES / NO HOW MUCH PER DAY _____
PETS YES / NO CATS, DOGS, BIRDS, OTHER _____

MARITAL STATUS: S, M, D, W AGES OF CHILDREN: _____

PLACE OF CURRENT OR LAST EMPLOYMENT: _____ DUTIES: _____

FAMILY HISTORY OF DISEASES (CIRCLE: None of the Following, Bleeding Disorder, Hearing Loss, Cardiac, Cancer, Stroke, Diabetes, Arthritis, Depression, Drug Use, Hepatitis HIV _____

Please Do Not Write Below This Line

| | | |
|---------------------------------------|---------------------------|--------------------------------|
| ROS: Constitutional (___WNL) | Gastrointestinal (___WNL) | Psychiatric (___WNL) |
| Eyes (___WNL) | Genitourinary (___WNL) | Endocrine (___WNL) |
| Cardiovascula (___WNL) | Musculoskeletal (___WNL) | Hematologic/Lymphatic (___WNL) |
| Respiratory (___WNL) | Integumentary (___WNL) | Allergic/Immunologic (___WNL) |
| Ears, Nose, Throat & Mouth – As Above | Neurological (___WNL) | |

REVIEWED & UPDATED BY OMAR A. FADHLI M.D. DATE