

# COLUMBUS OTOLARYNGOLOGY CLINIC

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Ear, Nose and Throat  
Head and Neck Surgery  
Facial Plastic Surgery

## **PATIENT HISTORY FORM, SIDE #2**

Date \_\_\_\_\_

Name \_\_\_\_\_

**System Review: Please select the problems that you are currently having.**

### **CONSTITUTIONAL**

fatigue  
fevers  
weight loss  
weight gain

### **HEAD**

cluster  
migraine  
headaches

### **EYES**

blurred vision  
double vision  
glaucoma cataracts  
itching  
pain

### **EARS**

dizziness  
drainage  
fullness  
hearing loss  
noise exposure  
pain  
ringing  
surgery  
swelling

### **NOSE**

changes in smell  
congestion  
drainage  
nose bleeds  
polyps  
pain  
snoring

### **THROAT**

drainage  
pain  
swelling  
swallowing  
surgery  
tonsillitis

### **NECK**

hoarseness  
pain  
thyroid problems

### **LUNGS**

asthma  
bloody cough  
bronchitis  
cough  
emphysema

### **CARDIAC**

chest pain  
extra beats  
fluttering  
heart attack  
prolapsed valve

### **STOMACH**

cramping  
constipation  
diarrhea  
heartburn  
ulcers

### **MUSCLE/BONES**

back pain  
joint pain

### **URINARY TRACT**

bleeding  
burning  
frequency  
kidney infections

### **NEURO**

numbness  
paralysis  
seizures  
tingling  
tremor

### **PSYCH**

anxious  
depressed  
irritable

### **SKIN**

itching  
jaundice  
psoriasis  
rashes

### **ALLERGIES**

hives  
hayfever