

Patient History
Proctor ENT, PLC
Todd B. Proctor MD
2251 N. Squirrel Rd, Suite 105 Auburn Hills, MI 48326
(248) 648-8100 Fax (248) 648-8060 Web: Proctor-ENT.com

Name: _____ Date of Birth: _____

Date of Exam: _____

Reason for Visit:

Date Symptoms Began: _____

Medical Problems:

Heart disease	Y	N	Liver Disease	Y	N	Thyroid Problems	Y	N
High Blood Pressure	Y	N	Hepatitis	Y	N	History of Tuberculosis	Y	N
Hypoglycemia	Y	N	Bleeding Problems	Y	N	History of Kidney Stones	Y	N
Diabetes	Y	N	HIV Risk Factors	Y	N	Cancer	Y	N

Other: _____

Previous Surgical Procedures: _____

Medications: See list attached Prescription Coverage: Y N

Name: _____ Dose: _____ Reason for taking: _____

Drug Allergies/Reaction: _____

(Continued)

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Review of Systems: (Circle any of the following that applies to you)

Eyes:	Failing Vision	Double Vision	Glaucoma	Cataracts
Ears:	Drainage	Hearing Loss	Dizziness	Ringing
Nose:	Bleeding	Blockage	Drainage	Sinus Pain
Throat:	Frequent Soreness	Hoarseness	Lump in Neck	
Lungs:	Frequent Cough	Shortness of Breath		
Heart:	Chest Pain	Irregular Heart Beat	Murmur	
GI:	Stomach pain	Nausea/Vomiting	Bleeding	Diarrhea
GU:	Burning	Bleeding	Females: Pregnant?	Y N ?
Neuro:	Convulsions/Seizures	Memory Loss	Depression	

Social History:

Occupation: _____

How much do you smoke per day: _____ How many years: _____

How much alcohol do you drink per day: _____ How many years: _____

How much coffee do you drink per day: _____

What type of pets do you have: _____

Family History: (circle all that apply to your immediate family)

Heart Disease	Allergies	Diabetes
High Cholesterol	Stroke	Asthma
High Blood Pressure	Cancer	Hearing Loss

How did you hear about our office?

- Physician Name: _____
 Send letter: Y N Address: _____
List additional physicians to receive letters below

- Previously a patient Approximately When: _____
- Friend/Family/Co-worker Name: _____
- Hospital Referral Service Hospital Name: _____
- Insurance Directory Insurance Name: _____
- Web Site Name: _____
- Phone Book Which one: _____
- Other Name: _____