Lamorinda ENT, Face and Neck Surgery
Sassan Falsafi, MD, MSChE
Diplomate of the American Board of Otolaryngology, Head & Neck Surgery

CONFIDENTIAL HEALTH HISTORY

NAME: _____ **DOB:** _____ **Age:** _____

SYMPTOMS: (Check symptoms you currently have or have had in the past)

- ❑ Chronic Stomach Trouble
- ❑ Dry Eyes
- ❑ Dry Mouth
- ❑ Frequent Heart Palpitations
- ❑ Hives
- ❑ Intractable Nose Bleed
- ❑ Passing Out Frequently
- ❑ Poor Appetite
- ❑ Shortness of Breath
- ❑ Stomach/Rectal ulcer or Bleeding
- ❑ Unintentional weight Gain
- ❑ Unintentional weight loss

CONDITIONS: (Check conditions you have or have had in the past)

- ❑ Anxiety Disorder
- ❑ Asthma
- ❑ Bleeding Disorder
- ❑ Blood transfusion
- ❑ Bronchitis
- ❑ Congenital deformity of the facial bones
- ❑ Diabetes
- ❑ Eczema
- ❑ Fibromyalgia
- ❑ Frequent tonsillitis (strep throat)
- ❑ Heart Attack
- ❑ Heart Disease
- ❑ Heart Murmur
- ❑ Hepatitis
- ❑ High Blood Pressure
- ❑ HIV/AIDS
- ❑ Kidney Stones
- ❑ Leukemia
- ❑ Lymphoma
- ❑ Measles
- ❑ Melanoma
- ❑ Migraine Headaches
- ❑ Mononucleosis (mono)
- ❑ Mumps
- ❑ Pneumonia
- ❑ Prior radiation to neck
- ❑ Psychiatric Disorder
- ❑ Rheumatoid arthritis
- ❑ Seizure Disorder
- ❑ Sexually Transmitted Diseases
- ❑ Skin Cancer
- ❑ Stroke
- ❑ Thyroid__ low __high
- ❑ Tuberculosis

SURGICAL HISTORY:

- ❑ Appendectomy
- ❑ Gall bladder surgery
- ❑ Cosmetic surgery
- ❑ Nose surgery
- ❑ Ear Surgery
- ❑ Ear Tubes
- ❑ Thyroid Surgery
- ❑ Tonsillectomy

Please indicate other conditions/surgeries not listed above:

_____

_____

_____

_____

MEDICATIONS: (Check all drugs currently taking)

- ❑ Prednisone
- ❑ Thyroid
- ❑ Insulin
- ❑ Diabetic tablets
- ❑ Allergy drugs
- ❑ Nose drops/sprays
- ❑ Inhalers
- ❑ Vitamin E
- ❑ Garlic
- ❑ Coumadin
- ❑ Aspirin
- ❑ Herbals

Others (Please indicate): _____

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Pharmacy Name & Phone#:_____

NAME: _____ **DOB:** _____

Drug Allergies (including *Latex*):

Drug	Reaction
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

FAMILY HISTORY:
(Check if family members have had these conditions and indicate your relation to family member)

- ❑ Bleeding disorder: _____
- ❑ Cancer, including skin cancer: _____
- ❑ Cystic fibrosis: _____
- ❑ Diabetes: _____
- ❑ Epilepsy: _____
- ❑ Hearing loss/deafness at age less than 30: _____
- ❑ Heart and lung disease: _____
- ❑ Lymphoma/leukemia: _____
- ❑ Tuberculosis: _____

HOSPITALIZATIONS:

Year	Reason for Hospitalization & Outcome

Are you currently pregnant or planning on getting pregnant? ____No ____Yes

HABITS: (Check which substances you use)

- ❑ Caffeine
- ❑ Cocaine
- ❑ IV drugs
- ❑ Marijuana
- ❑ Others:
- ❑ Tobacco

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