



CHAPEL HILL
EAR, NOSE & THROAT

CHAPEL HILL EAR, NOSE & THROAT NEW PATIENT QUESTIONNAIRE

CHART #: _____ DATE: _____

PATIENT NAME: _____ DATE OF BIRTH: _____ AGE: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ EMAIL ADDRESS: _____

SPOUSE NAME: _____ SPOUSE PHONE: _____

REASON FOR VISIT

CHIEF COMPLAINT: _____

SYMPTOMS and DURATION: _____

HAVE YOU HAD A CT SCAN OF THE SINUSES: _____ YES _____ NO

HAVE YOU BEEN ALLERGY TESTED AND WHEN AND WHAT KIND OF ALLERGY TEST: _____

WHAT SYMPTOMS ARE YOU EXPERIENCING TODAY IF ANY: _____



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Patient Name: _____ Date: _____ Chart Number: _____

Check any of the following which you have now or have experienced (in the past):

NOW PAST GENERAL:

- | | | |
|-------|-------|---------------------------|
| _____ | _____ | Nausea |
| _____ | _____ | Recent weight loss/gain |
| _____ | _____ | Fatigue |
| _____ | _____ | Fever/chills/night sweats |

NOW PAST EARS:

- | | | |
|-------|-------|-------------------|
| _____ | _____ | Ringing |
| _____ | _____ | Hearing loss |
| _____ | _____ | Dizziness/vertigo |
| _____ | _____ | Pain |
| _____ | _____ | Drainage |

NOW PAST SLEEPING DISTURBANCES:

- | | | |
|-------|-------|-------------------------------|
| _____ | _____ | Loud snoring |
| _____ | _____ | Excessive sleepiness |
| _____ | _____ | Difficulty falling asleep |
| _____ | _____ | Breathing stops during sleep |
| _____ | _____ | Wake up and feeling un-rested |

NOW PAST MOUTH/THROAT:

- | | | |
|-------|-------|-----------------------|
| _____ | _____ | Dryness |
| _____ | _____ | Ulcers |
| _____ | _____ | Difficulty swallowing |
| _____ | _____ | Hoarseness |
| _____ | _____ | Choking |

NOW PAST CARDIOPULMONARY:

- | | | |
|-------|-------|---------------------|
| _____ | _____ | Heat murmur |
| _____ | _____ | Palpitations |
| _____ | _____ | Chest pain |
| _____ | _____ | Shortness of breath |
| _____ | _____ | Wheezing |
| _____ | _____ | Chest tightness |

NOW PAST ENDOCRINE:

- | | | |
|-------|-------|--------------------------|
| _____ | _____ | Heat/cold intolerance |
| _____ | _____ | Excessive thirst |
| _____ | _____ | Change in shoe/hand size |

NOW PAST NERVOUS:

- | | | |
|-------|-------|----------|
| _____ | _____ | Numbness |
| _____ | _____ | Tingling |
| _____ | _____ | Fainting |
| _____ | _____ | Weakness |

NOW PAST EYES:

- | | | |
|-------|-------|-------------------------|
| _____ | _____ | Recent worsening vision |
| _____ | _____ | Clouded vision |
| _____ | _____ | Dry eyes |
| _____ | _____ | Double vision |



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Patient Name: _____ Date: _____ Chart Number: _____

NOW PAST PSYCHOLOGICAL:

_____ Schizophrenia
_____ Depression
_____ Bi-polar

NOW PAST GASTROINTESTINAL:

_____ Indigestion/heartburn
_____ Vomiting
_____ Change in stool color

NOW PAST ABDOMINAL:

_____ Diarrhea/constipation
_____ Abdominal pain

MEDICATIONS USED PRIOR TO COMING TO CHENT:

ANTIBIOTICS:

Zithromax _____ Biaxin _____ Augmentin _____ Levaquin _____ Avelox _____ Cipro _____ Ceftin _____
Keflex _____ Ceclor _____ Doxycycline _____ Amoxicillin _____ Septra DS (Bactrum) _____

NASAL DECONGESTANTS: Afrin _____ Nasacort AQ _____

OTHER INTRANASAL SPRAYS: Nasalcrom _____ Atrovent _____

INTRANASAL STEROID: Nasacort AQ _____ Rhinocort Aqua _____ Flonase _____ Nasonex _____
Vermyst _____ Other _____

ANTI-HISTAMINES: Allegra _____ Allegra D _____ Clarinex _____ Clarinex D _____ Zyrtec _____
Zertec D _____ AlleRx D _____ Xyzal _____ Other _____

Patient Name: _____ Date: _____ Chart Number: _____

MEDICATIONS USED PRIOR TO COMING TO CHENT:

ORAL STEROIDS: Prednisone _____ Medrol dose pack _____