

Patient History
Proctor ENT, PLC
Dr's Conrad A. Proctor MD, & Todd B. Proctor MD
2251 N. Squirrel Rd, Ste 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: _____