

**MONTGOMERY OTOLARYNGOLOGY  
HEALTH QUESTIONAIRE**

<b>NAME</b>		<b>TODAY'S DATE</b>
<b>AGE</b>	<b>DRUG ALLERGIES</b>	
<b>WHEN WAS THE LAST VISIT WITH YOUR PCP? (Month/ Year):</b>		
<b>REASON FOR YOUR VISIT TODAY:</b>		
<b>CURRENT SYMPTOMS: <i>please list</i></b>		
<b>SURGERY HISTORY: <i>with dates</i></b>	<b>HOSPITAL ADMISSIONS: <i>with dates</i></b>	<b>MEDICAL HISTORY: please list all</b>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____
6. _____	6. _____	6. _____
	<b>Pregnant: Yes/ No? _____</b>	<b>Nursing: Yes/No? _____</b>

**SOCIAL HISTORY**

Cigarettes: Smoker/Non-Smoker: \_\_\_\_pk/day: for \_\_\_\_ years

Pipe / cigar / smokeless tobacco/ none

Alcohol \_\_\_\_ drinks per week

Coffee / caffeine \_\_\_\_ cups per day

Other drug use: please list

**MEDICATIONS: *please list all current medications***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY:** Please enter the medical history for the members shown below and indicate the diagnosis year for each condition

Mother	Father	Grandparents: Paternal/ Maternal
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____
6. _____	6. _____	6. _____
7. _____	7. _____	7. _____