



Mike S. Shin, M.D.
 Ear, Nose, and Throat
 Facial Plastic and Cosmetic Surgery

PATIENT MEDICAL HISTORY

Patient Name _____ DOB _____

Allergies to medications _____

Pharmacy _____ Phone _____

Pharmacy Address/Major Cross Streets _____ City _____

What medications are you taking that are prescribed or over the counter? _____

Immunization Record Up To Date?.....Yes.....No Copy of Immunizations on File?.....Yes.....No

Do you Have metal in the body Have Pacemaker Problems with anesthesia
 Smoke Drink alcoholic beverages

List major surgeries with dates:

Date of Surgery	Surgery
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are you pregnant or do you think you're pregnant? Yes No

Are you nursing? Yes No

What other types of doctors or health care providers have you seen for this condition? _____

Preference of diagnostic testing facility _____

Patient Recent Illnesses (please circle)

Growth in Nose
Nose Blockage
Nose Bleeding
Nose Drainage
Ringing in Ears
Ear Pain
Ear Drainage
Loss of Hearing
Painful Eyes
Eyes Watering
Eyes Itching
Sneezing

Fever or Chills
Skin Rash
Headaches
Dizziness
Facial Pain
Hoarseness
Heartburn
Sore Throat
Sore Mouth
Growth in Mouth
Lump on Neck
Sore Neck

Depression
Snoring
Bloody Sputum
Chest Pain
Ankle Swelling
Weight Loss of 10lbs or more
Fainting or Convulsions
Nausea or Vomiting
Difficulty Swallowing
Shortness of Breath
Cough or Wheezing
Trouble Seeing

Patient Medical History (please circle)

Cancer
Hypertension
Thyroid Disease
Stroke
High Cholesterol
Heart Attack
Endocarditis
Sinusitis

Nose Polyps
Angina
Alcohol Use
Tuberculosis
Allergies
Ulcers/ Reflux
Anemia
Blood Transfusion

Hepatitis or AIDS
Hearing Loss
Tobacco Use
Asthma/ Emphysema
Latex Allergy
Diabetes
Bleeding Disorder

Immediate Family Medical History (please circle and write next to illness the family member)

Cancer
Hypertension
Thyroid Disease
Stroke
High Cholesterol
Heart Attack
Endocarditis
Sinusitis

Nose Polyps
Angina
Alcohol Use
Tuberculosis
Allergies
Ulcers/ Reflux
Anemia
Blood Transfusion

Hepatitis or AIDS
Hearing Loss
Tobacco Use
Asthma/ Emphysema
Latex Allergy
Diabetes
Bleeding Disorder