



**Anne Arundel ENT &
Facial Plastic Surgery**
600 Ridgely Avenue, Suite 110
Annapolis, MD 21401
(410) 573-9191
(410) 573-5910 Fax



HEALTH HISTORY

Name: _____ Height ____ft ____inches

Primary Care Physician: _____ Phone: _____

Local Pharmacy: _____ Mail Order Pharmacy: _____

PAST MEDICAL HISTORY (PLEASE CIRCLE)

Respiratory Disease

Glaucoma

Bleeding Problems

Cancer (Type: _____)

Diabetes

Heart Disease

High Blood Pressure

Stroke

Neurological Disease

Liver Disease

HIV, Infectious Disease

Hepatitis

Kidney Disease

Gastrointestinal Disease

Arthritis

Autoimmune Disease

Other Medical Conditions: _____

Do you have a Medical Advanced Directive? Yes No

If you do not, is there someone that you would like to appoint? _____

PAST SURGICAL HISTORY

Date

Procedure



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Alcohol Consumption Yes No _____ # of drinks per week
 Tobacco Consumption Yes Never Former Type _____ /per day
 Caffeine Consumption Yes No Type _____ /per day
 Exercise Yes No
 Occupation: _____
 Psychiatric History: _____

MEDICATIONS

NAME	DOSAGE	REASON PRESCRIBED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRUG AND FOOD ALLERGIES

ALLERGY	REACTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____