



Chesapeake Bay ENT

Scott Saffold, MD
Beverly Patterson, ENT Practitioner

History

Please print clearly and provide the following information:

Patient: _____ Age: _____
Referring Doctor: _____
Family Doctor: _____

With what problem would you like the Doctor's help?

What medical problems run in your family?

Medications

Medical Problems

Previous Surgeries

Allergies to Medicines: _____

How much do/ did you smoke? _____ packs / day.

How long have/ did you smoke? _____ years.

If you have quit, how long ago? _____ years.

Do you drink alcohol? If so, frequency _____ #drinks/ week.

Do you have any of the following symptoms ? (Check any that apply)

___ mouth ulcers ___ bloody sputum ___ depression
___ unexplained weight change ___ bloody urine ___ seizures
___ double vision ___ joint swelling
___ chest pain ___ rash

For Pediatric Patients Only:

Was child full term? _____ If not, how many weeks? _____

Was the child breastfed? _____

Are immunizations current? _____ Does anyone at home smoke? _____

Is a wood-burning stove or fireplace used at home? _____

Number of other children at home _____ . Ages _____

Is child in daycare or at home? (Circle one)