Dr. Michael Freedman
Ear, Nose, Throat, Allergies & Facial Plastic Surgery

Introductory Data Sheet – Medical History (cont.) Michael A. Freedman, D.O.

Patient Name_____

$$$$ Reason for your appointment _____

Who sent you to this office, Family Doctor? _____

Review of Systems

Are you **presently or frequently** bothered by any of the following symptoms?
Please *check* ☑ *any and all that apply*. Place a question mark if you are unsure.

EARS
- ☐ Pain
- ☐ Drainage
- ☐ Hearing Change / Loss
- ☐ Ringing / Head noise
- ☐ Dizziness / Imbalance
- ☐ Infection
- ☐ Other_____
- ☐ **None of the above**

NOSE
- ☐ Runny
- ☐ Stuffy
- ☐ Bloody
- ☐ Nasal obstruction
- ☐ Sinus infections
- ☐ Productive cough
- ☐ Other _____
- ☐ **None of the above**

THROAT
- ☐ Sore / Tonsil Infections
- ☐ Snoring
- ☐ Hoarseness/Voice changes
- ☐ Difficulty swallowing
- ☐ "Lump" in throat
- ☐ Phlegm, drainage in throat
- ☐ Other _____
- ☐ **None of the above**

ALLERGY
- ☐ Hives / Rashes
- ☐ Itching
- ☐ Red / Itchy eyes
- ☐ Sneezing
- ☐ Swelling
- ☐ Headache
- ☐ Other _____
- ☐ **None of the above**

CARDIOVASCULAR
- ☐ Chest pain
- ☐ Rapid / Irregular heart beat
- ☐ **None of the above**

CONSTITUTIONAL
- ☐ Fatigue
- ☐ Fever
- ☐ Night sweats
- ☐ Weight loss / gain
- ☐ **None of the above**

ENDOCRINE
- ☐ Changes in growth
- ☐ Changes in hair
- ☐ Heat / Cold Intolerance
- ☐ Excessive thirst
- ☐ **None of the above**

EYES
- ☐ Blurred vision
- ☐ Double vision
- ☐ **None of the above**

GASTROINTESTINAL
- ☐ Appetite / Weight change
- ☐ Indigestion
- ☐ Blood in stool
- ☐ Canker sores
- ☐ Diarrhea
- ☐ Heartburn
- ☐ **None of the above**

GENITOURINARY
- ☐ Difficulty urinating
- ☐ Frequent urination
- ☐ Blood in urine
- ☐ **None of the above**

HEMATOLOGIC
- ☐ Anemia
- ☐ Bleed easily
- ☐ Bruise easily
- ☐ Joint pain
- ☐ Lymph node swelling
- ☐ **None of the above**

MUSCULOSKELETAL
- ☐ Broken nose
- ☐ Head injury
- ☐ Injuries
- ☐ Jaw pain
- ☐ Muscle pain
- ☐ Neck injury
- ☐ Neck pain
- ☐ **None of the above**

NEUROLOGIC
- ☐ Clumsiness
- ☐ Seizures
- ☐ Convulsions
- ☐ Headaches
- ☐ Memory problems
- ☐ Migraines
- ☐ Numbness
- ☐ Paralysis
- ☐ Weakness
- ☐ **None of the above**

PSYCHIATRIC
- ☐ Depression
- ☐ Hallucinations
- ☐ Mood changes
- ☐ Sleep disturbance
- ☐ Stress
- ☐ **None of the above**

RESPIRATORY
- ☐ Chronic cough
- ☐ Coughing blood
- ☐ Pain with breathing
- ☐ Shortness of breath
- ☐ Wheezing
- ☐ **None of the above**

SKIN
- ☐ Skin growths / Moles
- ☐ Skin ulcers / Blemishes
- ☐ Slow-healing wounds
- ☐ Scar from prior surgery
- ☐ **None of the above**

I certify that I reviewed the Introductory Data Sheet information with the patient on date signed below. For any positive findings outside of the Head and Neck scope of practice, patients are referred back to their family physician for full evaluation. *(Changes only noted on Clinical Data Sheet included in Chart)*

Date	Patient Signature	Date	Michael A. Freedman, D.O.