Lake Jackson Ear, Nose and Throat
Stephanie Jo Herrera, MD

Name: _____ Date of Birth/Age: _____ Date: _____

Occupation: _____ Marital Status: _____

Referred by: _____ Primary Doctor: _____

Past Medical Problems: _____

_____

_____

Prior Surgeries: _____

_____

_____

Current Medications: _____

_____

Allergies to Medications: _____

Social History: Smoking/Chew: Never _____ Current _____ Past _____ Second Hand _____

How Much? _____ If quit, when? _____

Alcohol (including beer): Never _____ Current _____ Past _____

How much? _____ How often? _____

Family Medical Problems:

Of the following: Mother, Father, Grandparents, Brothers or Sisters: Who have the following:

Hearing Problems _____

Thyroid Problems _____

Bleeding/Clotting Problems _____

Asthma _____

Heart Attack _____

High Blood Pressure _____

Stroke _____

Diabetes _____

Lung Problems _____

Kidney Problems _____

Liver Problems _____

Stomach or Colon Problems _____

Seizures _____

Cancer _____

Autoimmune Disease _____

Complications from anesthesia _____