ENT CARE for kids

Patient history

Patient name _____ Age _____ DOB _____

Date _____ Reason for visit _____

Referred by _____ Primary physician/pediatrician _____

Drug allergies _____ ☐ No known drug allergies

Current medications _____ ☐ Immunizations up to date ☐ Not up to date

In the last six months

Number of tonsillitis/strep throat _____

Number of ear infections _____

Number of nasal/sinus infections _____

Antibiotics taken in the last six months*

☐ Amoxicillin ☐ Ceftin ☐ Rocephin ☐ Other
☐ Augmentin ☐ Cefzil ☐ Suprax
☐ Biaxin ☐ Clindamycin ☐ Vantin _____
☐ Cedax ☐ Omnicef ☐ Zithromax _____

Current symptoms*

☐ Abnormal bleeding ☐ Ear drainage ☐ Hearing loss ☐ Reflux/spitting up ☐ Stomach Ache
☐ Acid taste ☐ Ear pain ☐ Hoarseness ☐ Restless sleep ☐ Tugging at ears
☐ Awakening at night ☐ Easy bruising ☐ Muscular weakness ☐ Ringing in ears ☐ Vomiting
☐ Bed wetting ☐ Eye drainage ☐ Nasal congestion ☐ Seizures ☐ Wheezing
☐ Cough ☐ Fever ☐ Nasal drainage ☐ Sleeplessness ☐ Other
☐ Developmental delays ☐ Fullness in ears ☐ Poor appetite ☐ Snoring
☐ Diarrhea ☐ Gagging on food ☐ Poor weight gain ☐ Sore throat _____
☐ Dizziness ☐ Headache ☐ Rash ☐ Speech Delays _____

Medical history*

☐ Acid reflux ☐ Bleeding disorder ☐ Frequent infections ☐ Neurologic problems ☐ Syndrome
☐ Anesthesia problems ☐ Eye problems ☐ Heart problems ☐ Premature
☐ Asthma ☐ Food allergies ☐ Nasal allergies ☐ Other _____

Hospitalizations/other medical conditions _____

Has your child been to an allergist? ☐ No ☐ Yes If yes, whom _____

Surgical procedures ☐ Ear tubes ☐ Adenoidectomy ☐ Tonsillectomy ☐ Other _____

Family history* ☐ Anesthesia problems ☐ Asthma / allergies ☐ Bleeding disorders ☐ Hearing loss ☐ Reflux

Social history* ☐ Pacifier use ☐ Daycare School grade ____ ☐ Smoking exposure in home ☐ Tobacco use

Office use only: Ht _____ Wt _____ Temp _____ Record # _____

*Check all that apply

8325 Walnut Hill Ln. #100, Dallas, TX 75231 F: 214.696.8908 **T: 214.696.8900** entcareforkids.com