

North Shore Ear, Nose & Throat Associates, P.C.

Danvers Office
 102 Endicott Street, Suite 100
 Phone: 978.745.6601

Beverly Office
 Cummings Center, Suite 136G
 Phone: 978.921.6282

Medical History

Patient Name: _____

Date: _____

Do you have any of the following medical conditions?

Medical Condition	Yes	No	Comments
Heart Disease			
Elevated Cholesterol			
Heart Murmur			
Diabetes			
Thyroid Condition			
Asthma			
Abnormal Bleeding			
Bleeding Disorders			
Kidney Problems			
Liver Problems			
Eye Problems			
Heartburn or Indigestion			
Cancer (If yes, specify type in comments)			
Significant Snoring			
Apnea			
Allergies/Hay Fever			
High Blood Pressure			
Other Medical Conditions (If yes, please explain)			

Previous Surgeries?	Yes	No	Please Explain

Smoking History	Yes	No	If yes, how much?	How long?
Do you smoke cigarettes, cigars or pipes?				
Have you ever smoked cigarettes, cigars or pipes?				

How often do use alcohol?	Never	1-2 times per week	3-5 times per week	5-10 times per week	> 10 times per week
Are you currently pregnant?	Yes	No			

North Shore Ear, Nose & Throat Associates, P.C.

Danvers Office
102 Endicott Street, Suite 100
Phone: 978.745.6601

Beverly Office
Cummings Center, Suite 136G
Phone: 978.921.6282

Medical History

Patient Name: _____

Date: _____

Please list all current medications:

Please list any drug allergies or reactions:

Family History	Yes	No	Comments

Please list name & address of pharmacy you use:
