

# 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: 978.745.6601

## 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			

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## Medical History

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please list all current medications and dosages:

Please list any drug allergy and your reaction:

Is there a family history of:	Yes	No	Comments
Hearing Loss?			
Migraines?			
Bleeding Disorders?			
Allergies?			

	Yes	No	Comments
Do you have any cosmetic facial concerns?			
Are you interested in improving your facial skin?			
I would like to be contacted regarding these cosmetic concerns. (If yes, provide email address)			

Please list name & address of pharmacy you use: