

# Washington Ear, Nose and Throat

## Patient History Data Sheet

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

### Past Medical History

Do you have, or have you ever had.....

Yes	No	Heart Disease (heart attack, angina, heart surgery, arrhythmia)	Yes	No	Stroke or TIA
Yes	No	Diabetes (insulin, pills, diet control)	Yes	No	Migraine headaches
Yes	No	Lung Disease (asthma, emphysema, chronic bronchitis)	Yes	No	Seizure
Yes	No	High blood pressure	Yes	No	Anxiety Disorder
Yes	No	Thyroid problems	Yes	No	Depression
Yes	No	Gastroesophageal Reflux Disease (GERD)	Yes	No	Panic attacks
Yes	No	Kidney trouble	Yes	No	Arthritis
Yes	No	Cancer	Yes	No	Glaucoma
Yes	No	Liver problems	Yes	No	Macular degeneration
Yes	No	Head trauma	Yes	No	Use alternative medicine (please list)
Yes	No	Obstructive Sleep Apnea	Other medical conditions: _____		

### Previous Surgeries

(list any prior surgical procedures):

### Current Medications

(doses):

Allergies to Medications:

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### Social History

Occupation/Job: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Have you used tobacco products?  Yes  No If so, please explain: \_\_\_\_\_

Have you used alcohol products?  Yes  No If so, please explain: \_\_\_\_\_

Do you use: Medical Marijuana:  Yes  No CBD Oil:  Yes  No CBD Oil with THC:  Yes  No

Do you use caffeine?  Yes  No If yes, how many cups/day: \_\_\_\_\_

Race:

\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_ Asian  
\_\_\_\_ Black / African American  
\_\_\_\_ Native Hawaiian / Other Pacific Islander  
\_\_\_\_ White / Caucasian  
\_\_\_\_ Other: \_\_\_\_\_

Ethnicity:

\_\_\_\_ Not Hispanic or Latino  
\_\_\_\_ Hispanic or Latino  
\_\_\_\_ Other: \_\_\_\_\_

Language:

\_\_\_\_ English  
\_\_\_\_ Spanish  
\_\_\_\_ Other: \_\_\_\_\_

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# Washington Ear, Nose and Throat

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

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## Family History

Have any family members had the following diseases? If so, please circle and indicate which relative.

Heart Disease	Migraine	Mental Illness	Epilepsy
Diabetes	Thyroid	Voice Problems	Bleeds Easily
Hearing Loss	Stroke	Dizziness	Cancer

Malignant Hyperthermia/Anesthesia Complications

Other hereditary diseases that run in the family: \_\_\_\_\_

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## Review of Systems

Recently have you had any of the following symptoms or problems:

### *General*

Yes No weakness or fatigue  
Yes No recent weight loss

### *Eyes*

Yes No blurred vision  
Yes No double vision

### *Ear, Nose, Mouth and Throat*

Yes No trouble hearing  
Yes No tinnitus or ringing in ears  
Yes No ear pain  
Yes No ear infection or drainage  
Yes No dizziness, vertigo, or unsteadiness  
Yes No stuffy nose  
Yes No sinus trouble  
Yes No frequent nose bleeds  
Yes No frequent sore throats  
Yes No pain near teeth or mouth  
Yes No hoarseness or voice change  
Yes No difficulty with swallowing  
Yes No lumps in neck  
Yes No pain in the neck

### *Cardiovascular*

Yes No heart trouble  
Yes No palpitations  
Yes No high blood pressure

### *Respiratory*

Yes No cough  
Yes No asthma or wheezing  
Yes No shortness of breath

### *Hematologic*

Yes No easy bruising or bleeding  
Yes No anemia

### *Allergic*

Yes No hay fever or dust/mold allergy  
Yes No food sensitivity or intolerance  
Yes No chemical sensitivity  
Yes No latex allergy or sensitivity

### *Gastrointestinal*

Yes No heartburn or acid reflux  
Yes No nausea or vomiting  
Yes No diarrhea  
Yes No ulcers  
Yes No frequent use of antacids

### *Genitourinary*

Yes No kidney problems

### *Musculoskeletal*

Yes No joint pain or stiffness

### *Integumentary*

Yes No skin rashes

### *Neurological*

Yes No headaches  
Yes No numbness in face, legs, or arms  
Yes No seizures  
Yes No weakness of arms or legs  
Yes No blackouts or fainting  
Yes No trouble speaking  
Yes No confusion or memory loss

### *Psychiatric*

Yes No nervousness or increased stress  
Yes No sleep problems  
Yes No excessive moodiness or worry

### *Endocrine*

Yes No thyroid trouble  
Yes No diabetes

Comments

Comments

\_\_\_\_\_  
ROS, PMHx, FHx, SHx Completed by patient and reviewed by M.D.

\_\_\_\_\_  
Physician



## In Office Procedures

Please be aware that certain procedures performed in our office are not included in the standard office visit. These procedures will be billed separately and in addition to office visit charges. We are aware that some insurance carriers are classifying these procedures as “surgery” and applying the charges to your calendar year deductible. The result may be insurance payment for an office visit but NOT a procedure. In such cases, payment for the procedure will be due from the patient. Be assured that we are following accepted billing and coding guidelines.

Our physicians will only perform these procedures when deemed medically necessary to best diagnose and treat our patients. If you are presenting with a sinus, swallowing problem, throat/voice complaint, symptoms of allergies, cancer or hearing loss, there is a good chance the physician will need to perform one or more of the following procedures.

- **CPT-31575 Flexible Laryngoscopy:** This procedure involves passing a long thin flexible fiber-optic scope through the nasal cavity and into the throat. The fiber-optic scope enables the physician to visualize areas of the throat not readily seen using laryngeal mirrors.
- **CPT-31231 Nasal Endoscopy:** This procedure uses the flexible or rigid scope attached to a light source to view areas of the nasal cavities that cannot be viewed by the physician using the standard nasal speculum and head mirror.
- **CPT-31237 Nasal Endoscopy with Debridement or Biopsy:** This is the same procedure as above with removal of crusting or tissue.
- **CPT-92511 Flexible Nasopharyngoscopy:** This involves examining both the tissue of the nasal passages, the pharynx and larynx.
- **CPT-31579 Stroboscopy:** This procedure uses synchronized flashing light passed through a flexible or rigid scope that visualizes vocal fold vibration.
- **CPT-69420 Myringotomy:** This is a procedure to create a hole in the ear drum to allow fluid that is trapped in the middle ear to drain out.
- **CPT-69433 Tube Placement:** This is a procedure where a small hole is made in the eardrum and a tube is inserted to remove fluid and re-establish equal air pressure on both sides of the eardrum.

The following codes are used for audiology services.

- **CPT-92567 Tympanometry** (*This is used to tell the pressure of the ear drums.*)
- **CPT-92557 Audiometry and CPT-92588 Otoacoustic Emissions (OAE)** (*This is considered a basic hearing test that is used to tell if hearing is normal.*)

Please contact your insurance provider to verify benefits and coverage information prior to having any services rendered.

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Patient/Parent/Legal Guardian Signature

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Relationship

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Print Name

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Date