

Bay Area Ear Nose and Throat Associates



John Hammerick, M.D., F.A.C.S.

Personal Medical History

Name: _____ Date of Birth: ___/___/___ Height: ___' ___" Weight: _____

Name of Family Physician: _____

Do you have any prescription or over the counter drug allergies or sensitivities? YES ___ NO ___.

Please list all drug allergies: _____

Do you use Tobacco? Yes or No. If yes, what type _____. How much per day? _____

How long did/have you smoked? _____. When did you quit? _____

Do you drink alcohol? Yes or No. If yes, how much per day or week? _____

Do you consume caffeine (coffee, tea, chocolate, coke)? Yes or No. If yes, how much per day? _____

Do you have, or have you had, any of the following medical problems? Please complete all of the questions below. Include childhood.

	Patient		Family			Patient		Family	
	Yes	No	Yes	No		Yes	No	Yes	No
Heart Trouble	___	___	___	___	Dental Problems	___	___	___	___
High Blood Pressure	___	___	___	___	Bronchitis/Emphysema	___	___	___	___
Stroke	___	___	___	___	Blackout Spells	___	___	___	___
Kidney	___	___	___	___	Disease/Headaches	___	___	___	___
Tuberculosis	___	___	___	___	Ulcer	___	___	___	___
Diabetes	___	___	___	___	Gallbladder Disorder	___	___	___	___
Hives, Rashes	___	___	___	___	Liver Problems	___	___	___	___
Cancer	___	___	___	___	HIV/AIDS	___	___	___	___
Arthritis	___	___	___	___	Gout	___	___	___	___
Rheumatism	___	___	___	___	Bleeding/Clotting	___	___	___	___
Asthma	___	___	___	___	Measles/Mumps	___	___	___	___
Pneumonia	___	___	___	___	Chickenpox	___	___	___	___
Thyroid Problems	___	___	___	___	Hepatitis	___	___	___	___

Are all immunizations current? _____ Do you have other medical problems not listed above? If yes, please list _____

Have you had any noticeable weight change? YES ___ NO ___ How much? _____ Have you ever had any surgery? If Yes, please list all surgeries: _____

Have you ever had any serious accidents? If Yes, please explain: _____

Are you currently on any medication? If Yes, please list including nonprescription medication: _____