PHYSICIANS' CLINIC
of Iowa, P.C.

EAR, NOSE & THROAT QUESTIONNAIRE

Today's Date _____ First Name _____ Last Name _____

Date of Birth _____ Age _____ Gender: ☐ Male ☐ Female Pregnant? ☐ Yes ☐ No

Family Physician _____ Referring Physician _____

Do you have an advanced directive? ☐ Yes ☐ No If yes, who is your surrogate decision maker? _____

REVIEW OF SYSTEMS: *Please check all symptoms you have experienced:*

Ear, Nose & Throat

☐ Yes ☐ No Change in Smell
☐ Yes ☐ No Change in Voice
☐ Yes ☐ No Ear Infections
☐ Yes ☐ No Ear, Throat, Facial Pain
(Rate pain on a scale of 0-10 _____)
☐ Yes ☐ No Neck Mass
☐ Yes ☐ No Neck Pain
(Rate pain on a scale of 0-10 _____)
☐ Yes ☐ No Nose Bleeds
☐ Yes ☐ No Problems Swallowing
☐ Yes ☐ No Ringing in Your Ears
☐ Yes ☐ No Nasal Congestion or Sinus Issues
☐ Yes ☐ No Snoring
☐ Yes ☐ No Loss of Hearing
- ☐ Yes ☐ No Have you ever used a hearing aid?
- ☐ Yes ☐ No Do any of your family members use hearing aids?
- ☐ Yes ☐ No Do you have any loud noise exposure?
- ☐ Yes ☐ No Does hearing fluctuate?
- ☐ Yes ☐ No Sudden hearing loss?
- ☐ Yes ☐ No Do you have a family history of hearing loss?

☐ Yes ☐ No Dizziness/Vertigo
When did you first notice it?
_____
- ☐ Yes ☐ No Light Headed
- ☐ Yes ☐ No Loss of Consciousness
- ☐ Yes ☐ No Loss of balance when walking
- ☐ Yes ☐ No Objects spinning or turning around you

☐ Other
_____

Constitutional/General

☐ Yes ☐ No Fever
☐ Yes ☐ No Chills
☐ Yes ☐ No Headaches
☐ Yes ☐ No Unexplained Weight Loss/Gain

Endocrine

☐ Yes ☐ No Thyroid Problems
- ☐ Yes ☐ No Do you have a family history of thyroid cancer/disease?
- ☐ Yes ☐ No Do you have a history of radiation exposure?

Respiratory

☐ Yes ☐ No Cough
☐ Yes ☐ No Shortness of Breath

Skin

☐ Yes ☐ No Skin Rash/Itching

Musculoskeletal

☐ Yes ☐ No Limitation of Motion (Neck)

Hematologic/Lymphatic

☐ Yes ☐ No Swollen Glands
☐ Yes ☐ No Bleeding Problems
☐ Yes ☐ No Blood Clotting Problems

Other _____

Patient/Parent Signature: _____ Date: _____

Medical Provider Signature: _____ Date: _____

This form is destroyed after the information is entered and verified in the patient's electronic health record.