

# **Virgin Islands Ear Nose and Throat**

Paragon Medical Building - Suite 308  
9149 Estate Thomas, Charlotte Amalie  
St. Thomas, VI 00802

## **HEALTH HISTORY SURVEY**

### **Patient Health History**

To assist the physician in your evaluation, complete this form **completely**, leaving no blanks (use **N/A** if not applicable). Thank you.

Today's Date: \_\_\_\_\_

Salutation: \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Miss

Patient's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Briefly describe why you are here to see the doctor today: \_\_\_\_\_

\_\_\_\_\_

When did your problems/symptoms first appear? \_\_\_\_\_

### **MEDICAL HISTORY**

What significant illnesses or conditions have you had? \_\_\_\_\_

\_\_\_\_\_

What previous operations have you had? \_\_\_\_\_

\_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

\_\_\_\_\_

Please list any medications you are allergic to: \_\_\_\_\_

\_\_\_\_\_

What illnesses or diseases has your mother had? \_\_\_\_\_

\_\_\_\_\_

What illnesses or diseases has your father had? \_\_\_\_\_

\_\_\_\_\_

What illnesses or diseases have your sisters/brothers had? \_\_\_\_\_

\_\_\_\_\_

What illnesses or diseases have your grandparents had? \_\_\_\_\_

\_\_\_\_\_

## **SOCIAL HISTORY**

Do you consume alcohol?  Yes  No

If so, how much do you consume on average per week? \_\_\_\_\_

Do you smoke cigarettes?  Yes  No

Do you chew tobacco?  Yes  No

Do you smoke a pipe or cigars?  Yes  No

Do you dip snuff?  Yes  No

How much tobacco do you consume on average per day? \_\_\_\_\_

How long have you used tobacco? \_\_\_\_\_