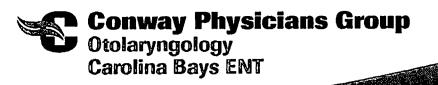


Darin Sutton, MD Peter Bondy, MD

				DATE:			
				CHART #:			
REFERRING P	HYSICIAN:						
SPOUSE'S NA	ME:		DOB:				
CHILDRENS N							
				DOB.			
·							
				DOB:			
				DOB:			
PATIENT OCC	UPATION:						
	CUPATION:						
5. 000L 5 0C							
			EDICAL HIST				
	1			FATHER	GRANDPARENTS		
	Hypertension						
	Heart Disease						
	Stroke						
	Diabetes						
	Asthma						
	Reflux						
	Scizures						
	Hepatitis						
	HIV Disease						
	Lung Disease						
	Kidney Disease						
	Bleeding Disorders						
	Cancer			1			
Medical Histo	ry Explanation:						
	Medical/Family/Social History: 1	.evel 1 & 2 - No	ne Leve	el 3 – 1/3	Level 4 – New 3/3, Est. 1/3		
SURGICAL HISTO	ORY (Type & Year):						
CURRENT MEDIC	CATIONS:						
	LERGIES:						



Darin Sutton, MD Peter Bondy, MD

	DATE:							
LAST IMMUNIZA	TION:		·					
Do you								
SMOKE? Yes	No	How I	Much?	DRINK ALCOHOL? Yes No		How Much?		
USE DRUGS?	Yes	No	What Kind?	How M	luch?		_	
			PLEASE CHECK WHICH S	SYMPTOMS YOU FREQUENT	TLY EXPE	RIENCE		
	General:	_	Weight Loss How Much?	Fatigue		Sleep Disturbances		
	Neuro:		Spinning Sensation	Unsteadine	ss	Headaches		
	ENT:		Hearing Loss	Tinnitus		Hoarseness		
	Eyes:		Visual Changes	Excessive	Cearing	Dry Eyes		
	Lungs:		Shortness of Breath	Cough		Wheezing		
	Heart:	_	Chest Pain	Palpitations	;	Heart Murmur		
	GI:	_	Swallowing Difficulties	Abdominal	Pain	Nausca / Vomiting		
	Skin:		Frequent Urination Excess Dryness Hay Fever / Seasonal Allergies	Blood in Urine Easy Bruising Frequent Infections	rine	Difficulty Urinating		
					ing	Swelling / Masses Food Sensitivities		
					fections			
	M/S:		Limited Joint Movement	Joint Swell	ing / Pains	Muscle Spasms		
	Endocrine:		Hot / Cold Flashes	Weight Flu-	ctuations	Mood Swings		
	Heme:	_	Swollen Lymph Nodes	Prolonged	Bleeding	Blood Clots		
	Psych:		Hallucinations	Depression				
	1	Level 1	- None Level 2 - 1	System Level 3 -	- 2-9 System	nsLevel 4 – 10+ Systems		
<u> </u>				<u></u> -				
IS THERE ANY IN	FORMATIO	ON YO	U WISH TO SHARE?					
OTHER PHYSICIA	NS:							
REASON FOR TO	DAY'S VIS	IT:						
HAVE YOU SEEN	ANOTHER	OTOL	ARYNGOLOGIST FOR THE SAM	E PROBLEM IN THE PAST?				
			DO NO	T WRITE BELOW THIS LINE				
DATE:	TE:				REVIEWED BY			
DATE:				REVIEWED BY	REVIEWED BY			
				REVIEWED BY			MD	