

Sinus and Nasal Specialists of Louisiana, LLC

8585 Picardy Ave Ste. 512 Baton Rouge, LA 70809

Dr. Henry P. Barham Dr. Christian A. Hall

Name: _____ DOB: _____
First Middle Initial Last

MEDICAL HISTORY:

What is your chief complaint today? _____

List of Medications taken for this problem: _____

Preferred Pharmacy name and location: _____

Are you allergic to any medications? _____ No _____ Yes, if so please list: _____

Are you currently taking any medications? _____ No _____ Yes, Please list & include dosage: _____

Have you had a flu vaccine this season? _____ No _____ Yes, Date: _____

Have you had pneumonia vaccine? _____ No _____ Yes, Date: _____

IMMEDIATE FAMILY HISTORY (father, mother, brother, sister, son, and daughter only)

<u>Condition</u>	<u>Relationship</u>	<u>Condition</u>	<u>Relationship</u>
___ Asthma	_____	___ Heart Disease	_____
___ Bleeding Problems	_____	___ High BP	_____
___ Cancer	_____	___ Stroke	_____
___ Diabetes	_____	___ Thyroid Problems	_____
___ Epilepsy	_____	___ Tuberculosis	_____
___ Glaucoma	_____		

SOCIAL HISTORY:

Have you ever used Tobacco? _____ No _____ Yes How Often? _____ Date Stopped _____

PAST SURGICAL HISTORY:

Have you had any surgical procedures: _____ No _____ Yes, Please list: _____

Have you had sinus/nasal surgery in the past? _____ No _____ Yes Date: _____ Surgeon: _____

Have you been allergy tested in the past? _____ No _____ Yes Date: _____ Results (+ or -) _____

PREGNANCY:

Are you pregnant? _____ No _____ Yes, due date _____ Breast-feeding? _____ No _____ Yes

PATIENT MEDICAL HISTORY: Have you ever had or still have (check for yes)

___ AIDS	___ Cardiovascular Disease	___ Heart Attack	___ Sinusitis
___ Acid Reflux	___ Cystic Fibrosis	___ Hyperlipidemia	___ Sjogren's Syndrome
___ Allergies	___ Depression	___ Hypertension	___ Sleep Disorder
___ Anemia	___ Developmental Delay	___ Immune System Disorder	
___ Anesthesia Complications	___ Diabetes	___ Immunodeficiency	___ Speech Delay
___ Aspirin Allergy	___ Emphysema	___ Kidney Disease	___ Stroke
___ Asthma	___ Glaucoma	___ Migraines	___ Thyroid Problems
___ Bleeding Problems	___ Headaches	___ Sarcoid	___ Tuberculosis
___ Cancer	___ Hearing Loss	___ Sickle-Cell	___ Vertigo
			___ Wegners

GENERAL INFORMATION:

In the past year how many times have you been on steroids by mouth or injection? _____

In the past year how many times have you been treated with antibiotics, and the name of the antibiotics? _____