

NEW YORK CITY  
**EAR, NOSE, & THROAT CENTER**  
CHARLES P. KIMMELMAN, M.D. F.A.C.S.

Patient Medical History

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

Reason for visit: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

Family history of medical conditions \_\_\_\_\_

List all previous surgical procedures and year performed: \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Did you previously smoke? \_\_\_\_\_ Do you drink alcohol? \_\_\_\_\_  
Yes \_\_\_ Packs per day \_\_\_ Yes \_\_\_ Packs per day for \_\_\_ years Yes \_\_\_  
No \_\_\_ If so, how many drinks/week

Occupation: \_\_\_\_\_ Name of primary doctor: \_\_\_\_\_

Please circle any of the following symptoms that you have:

**General Health:**

Fever  
Chills  
Fatigue  
Weakness  
Weight Loss  
High Blood Pressure  
Stroke

**Other Conditions:**

Heart Disease  
Blood vessel disease  
Vision change  
Glaucoma  
Headache  
Thyroid problems  
Heat Intolerance  
Cold Intolerance  
Anxiety  
Sleep problems  
Diabetes  
Arthritis  
Easy bruising or bleeding  
Difficult urination  
Prostate enlargement

**Ears:**

Pain  
Fullness  
Drainage  
Dizziness  
Hearing loss  
Ringing

**Throat, Voice, Swallowing:**

Sore throat  
Swallowing problem  
Hoarseness  
Voice breaks  
Swollen glands  
Heartburn  
Hiatal Hernia  
Dry mouth or throat  
TMJ pain

**Nose and Breathing**

Nasal congestion  
Shortness of Breath  
Cough  
Sputum  
Bleeding  
Facial pain or pressure  
Wheezing  
Loss of smell or taste  
Numbness of face  
Snoring  
Emphysema  
Asthma  
Nasal polyps  
Sleep apnea

**Please list any other medical complaints:**

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_