Crystal Community ENT \bullet Dr. Denis Grillo

Dear patient it has been over a year since we updated your health history. Please fill out as completely as possible.

Name:	DOB:				Date:				
Primary Care Doctor:									
Name and town of Pharmacy :									
* All prescriptions will be emailed to									
range in the second of the sec	F	,			P	г			
Your Last visit was	•	since that	vicit hav	e von	had ·				
Any new procedures or surgeries?							orios		
Any new procedures of surgeries:	1 es . see list	below &	anesines	ıa :		new surg	erres		
								_	
Any new reactions to anesthesia? [□ No			_	
Do you see a Cardiologist? Yes:	Dr			_	□ No				
TT 1 51 1 11	3.6 11 1.0		0 / D		-	_			
Have you been Diagnosed with any						-			
□ Yes :							No		
Social History Changes: ☐ Yes: see		\square No	changes	in So	cial Hi	istory			
Do you smoke tobacco products?	YES NO					·			
If YES what products do you use? Ciga	rettes /Cigars / Pipe	e	# F					Years	
Did you ever smoke and quit?	YES NO					Packs per da			
Do you chew tobacco or dip?	YES NO	0	Ye	ears					
Do you drink alcoholic beverages? Do you use or have you ever used street drugs	YES NO S? YES NO	Uccasior What?	nally			Frequently How long			
Do you drink caffeine products?	YES NO	What?				# Per day			
Does anyone in the house smoke?	YES NO	vv 11at:				# I CI day			
Please list all new medication:			D	A 11	. •				
	000/ Wby you	. toko		Aller		_			
Medication Name & Strength/ D	ose/ willy you	lake			list be				
					□ No new drug allergies				
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			Dr.	Initial	Date	Dr. Initial	Date		