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NEW PATIENT EVALUATION

Patient Name _____ Date of Birth: _____ Today's Date _____

HISTORY OF PRESENT ILLNESS (Why Are You Here ?):

- **Location** _____ (Where is the pain/problem?)
- **Quality** _____ (Example: normal vs. abnormal color, activity, etc.)
- **Severity** _____ (How severe is the problem on a scale of 1-5? 5 = most severe)
- **Duration** _____ (How long have you had this pain/problem? When did it start?)
- **Timing** _____ (Does this pain/problem occur at a specific time?)
- **Context** _____ (Where were you at the onset of this pain/problem?)
- **Associated signs/symptoms** _____ (What other associated problems have you been having?)
- **Modifying factors** _____ (What makes the pain/problem worse or better? Previous episodes?)

PAST MEDICAL & SURGICAL HISTORY: ☐ None or List: _____

CURRENT MEDICATIONS:

ALLERGIES: ☐ None _____

Alcohol Use: ☐ Yes ☐No Tobacco Use: ☐ Yes ☐No

PLEASE CHECK ALL SYMPTOMS THAT APPLY:

☐Ear Pain	☐Throat Pain	☐Congestion	☐Itchy, Watery Eyes	☐History of Noise Exposure	☐Fall Asleep Easily
☐Ear Drainage	☐ Choking	☐Difficulty Breathing	☐No Smell or Taste	☐History of Head Trauma	☐Trouble Swallowing
☐Dizziness	☐Acid Reflux	☐Facial Pain/Pressure	☐Snoring	☐Chronic Cough	☐Easily Awakened
☐Ringing in Ear	☐Discharge	☐Nosebleeds	☐Gasping	☐Sneezing	☐Fall Asleep Easily
☐Change in Hearing	☐Hoarseness	☐Post Nasal Drip	☐Daytime Lethargy	☐Recurrent Infection	☐Headaches

BELOW FOR OFFICE USE ONLY **P** _____ **BP** _____ **T** _____ **R** _____

	WNL	Abnormal		WNL	Abnormal
Communication			Nystagmus		
Orientation			Conjunctive		
Mood & Affect			Septum		
Salivary Glands			Turbinates		
Facial Appearance			Mucosa		
Thryoid			Lips/Gums/Dentition		
Trachea			Oral Mucosa/FOM		
TMJ			Pharynx		
Nodes/Masses			Tongue/Palate/Uvula		
External Inspection			Tonsil		
EAC			Vocal Cords		
T.M.			Vocal Cord Mobility		
Hearing Assessment			Pyriform Sinus/Walls		
EOMI			Surpaglottis		
Pearla			Resp./Neuro		

Data Review: ☐Records ☐CT ☐MRI ☐BAS ☐Skin Test ☐Audio ☐VNG ☐Bloodwork

Assessment:

Plans: