



# ENT & SINUS CENTER

8241 Rochester Avenue, Suite 130, Rancho Cucamonga, CA 91730  
P 909-466-8400 F 909-466-8410

**Henry H. Nguyen, M.D.**

*Diplomate - American Board of Otolaryngology*

**Deborshi Roy, M.D.**

*Diplomate - American Board of Otolaryngology*

*American Board of Facial Plastic & Reconstructive Surgery*

DATE \_\_\_\_\_ PRIMARY DOCTOR \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
LAST FIRST MI

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCE \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_

ARE YOU A STUDENT? \_\_\_\_\_ GRADE \_\_\_\_\_ WHAT IS YOUR OCCUPATION? \_\_\_\_\_

PLEASE LIST ALL DRUG ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS: (LIST ALL MEDICINES YOU ARE TAKING, INCLUDING VITAMINS AND HERBAL SUPPLEMENTS)**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
11.	12.

REASON FOR TODAY'S VISIT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH HISTORY: DO YOU NOW HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?**

	YES	NO		YES	NO
HEART DISEASE			DIABETES		
LIVER DISEASE			KIDNEY DISEASE		
HIGH BLOOD PRESSURE			HIGH CHOLESTEROL		
SINUS PROBLEMS			SWOLLEN GLANDS		
RESPIRATORY PROBLEMS			STOMACH OR INTESTINAL PROBLEMS		
CHRONIC SORE THROATS			CANCER		
CHRONIC EAR PAIN			VERTIGO OR DIZZINESS		

ARE YOU CURRENTLY PREGNANT? \_\_\_No \_\_\_Yes \_\_\_N/A

DO YOU HAVE ANY OTHER HEALTH CONCERNS WE SHOULD KNOW ABOUT? \_\_\_No \_\_\_Yes \_\_\_ PLEASE LIST BELOW:

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

**SURGERIES AND HOSPITALIZATIONS: PLEASE LIST ANY OPERATIONS & DATES YOU HAVE EVER HAD (INCLUDING TONSILS & ADENOID)**

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



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### SOCIAL HISTORY: PLEASE ANSWER HONESTLY. ALL INFORMATION IS CONFIDENTIAL. PLEASE CHECK ALL THAT APPLY:

\_\_\_ALCOHOL \_\_\_\_\_ AMOUNT PER WEEK      \_\_\_CIGARETTES \_\_\_\_\_ PACKS PER DAY

IF NOT SMOKING, DID YOU SMOKE IN THE PAST? \_\_\_NO \_\_\_YES

WHEN DID YOU QUIT? \_\_\_\_\_ HOW MANY PACKS/DAY \_\_\_\_\_

HAVE YOU EVER BEEN TREATED FOR ALCOHOL OR SUBSTANCE ABUSE? \_\_\_NO \_\_\_YES

HOW MUCH CAFFEINE DO YOU CONSUME PER DAY? COFFEE \_\_\_CUPS / TEA \_\_\_CUPS / SODA \_\_\_GLASSES / CHOCOLATE \_\_\_OZ.

### FAMILY HISTORY: PLEASE CHECK ALL THAT APPLY AND INDICATE WHO IN YOUR FAMILY HAS IT INCLUDING YOU:

\_\_\_HEART DISEASE \_\_\_\_\_      \_\_\_DIABETES \_\_\_\_\_      \_\_\_ASTHMA \_\_\_\_\_  
\_\_\_STROKE \_\_\_\_\_      \_\_\_THYROID \_\_\_\_\_      \_\_\_HIGH BLOOD PRESSURE \_\_\_\_\_  
\_\_\_CANCER \_\_\_\_\_      \_\_\_BLEEDING PROBLEMS \_\_\_\_\_      \_\_\_PROBLEMS WITH ANESTHESIA \_\_\_\_\_

### REVIEW OF SYSTEMS: HAVE YOU EVER HAD ANY OF THESE SYMPTOMS OR MEDICAL CONDITIONS?

	YES	NO		YES	NO		YES	NO
<b>EARS</b>			HOARSENESS			LYME DISEASE		
HEARING LOSS			BAD BREATH			<b>GENITOURINARY</b>		
RINGING IN EARS			BAD TASTE			KIDNEY DISEASE		
DIZZINESS			THROAT CLEARING			DIFFICULTY URINATING		
EAR PAIN			RECENT DENTAL WORK			KIDNEY STONES		
EAR DISCHARGE			SURGERY			ARE YOU PREGNANT?		
HEARING AID			<b>RESPIRATORY</b>			<b>NEURO/PSYCHIATRIC</b>		
EXPOSURE TO LOUD NOISE			ASTHMA/EMPHYSEMA			DEPRESSION		
SURGERY			COUGH			ANXIETY		
<b>NOSE</b>			COUGHING BLOOD			BIPOLAR DISORDER		
DIFFICULTY BREATHING			LUNG DISEASE			HEADACHE		
STUFFINESS			TUBERCULOSIS			FAINTING SPELLS		
CHANGE IN SMELL			SHORTNESS OF BREATH			MEMORY LOSS		
POST NASAL DRIP			PNEUMONIA			SYNCOPE		
NOSEBLEEDS			<b>CARDIOVASCULAR</b>			VERTIGO		
INJURIES			CHEST PAIN			<b>ENDOCRINE</b>		
NASAL SPRAYS			HEART DISEASE			EXCESSIVE THIRST		
SNORING			HIGH BLOOD PRESSURE			EXCESSIVE EATING		
SURGERY			IRREGULAR HEART BEAT			HOT FLASHES		
<b>NECK</b>			STROKE			HEAT INTOLERANCE		
LUMPS			HEART FAILURE			COLD INTOLERANCE		
THYROID NODULES			RHEUMATIC FEVER			<b>MUSCULOSKELETAL</b>		
THYROID DISEASE			ANEMIA			EDEMA		
PAIN			EASY BRUISING			GOUT ATTACK		
INJURIES			<b>GASTROINTESTINAL</b>			JOINT PAIN/SWELLING		
SWOLLEN GLANDS			ACID REFLUX			MUSCLE CRAMPS/PAIN		
SURGERY			STOMACH ULCER			<b>HEME/LYMPHATIC</b>		
<b>EYES</b>			DIARRHEA			BLEEDING		
GLAUCOMA			HEPATITIS			CANCER		
DOUBLE VISION			BLOOD IN STOOL			TRANSFUSION		
LOSS OF VISION			CONSTIPATION			<b>ALLERGY/IMMUNOLOGY</b>		
<b>THROAT</b>			COLITIS			ALLERGIES		
SORE THROAT			<b>GENERAL</b>			NIGHT SWEATS		
DIFFICULTY SWALLOWING			DIABETES			RECENT ASTHMA ATTACK		
PAIN ON SWALLOWING			BACK PAIN			RECENT SINUS INFECTION		
"LUMP" FEELING			ARTHRITIS			PNEUMONIA		
TONSILLITIS			WEIGHT LOSS			TB EXPOSURE?		

**LEGAL GUARDIAN (IF UNDER 18)** \_\_\_\_\_ **RELATION TO PATIENT:** \_\_\_\_\_

I CERTIFY THAT INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_