Marc A. Feeley, MD
Melissa L. Somers, MD

PETOSKEY
Ear, Nose & Throat Specialists

Name: **Birth Date:** _/ /_ **Date:** _/ /

PATIENT HISTORY

Have you ever had or do you have…

☐ Alcoholism	☐ Cancer:_____	☐ Kidney Disease	☐ Other: _____
☐ Anemia	☐ Diabetes	☐ Liver Problem	
☐ Angina/Heart Attack	☐ Emphysema	☐ Lung Problem	☐ Other: _____
☐ Arthritis	☐ Epilepsy or Seizures	☐ Mental Illness	
☐ Asthma/Hay Fever	☐ Glaucoma	☐ Stroke	☐ Other: _____
☐ Birth Defects	☐ Headaches	☐ Thyroid Problem	
☐ Bladder Disease	☐ Heart Failure	☐ Tuberculosis	☐ Other: _____
☐ Bleeding Disorder	☐ High Blood Pressure	☐ Venereal Disease	

Drug Allergies

Medications-Dose-Frequency

Surgeries and Injuries

FAMILY HISTORY

Has anyone in your family had…

☐ Alcoholism	☐ Cancer:_____	☐ Kidney Disease	☐ Other: _____
☐ Anemia	☐ Diabetes	☐ Liver Problem	
☐ Angina/Heart Attack	☐ Emphysema	☐ Lung Problem	☐ Other: _____
☐ Arthritis	☐ Epilepsy or Seizures	☐ Mental Illness	
☐ Asthma/Hay Fever	☐ Glaucoma	☐ Stroke	☐ Other: _____
☐ Birth Defects	☐ Headaches	☐ Thyroid Problem	
☐ Bladder Disease	☐ Heart Failure	☐ Tuberculosis	☐ Other: _____
☐ Bleeding Disorder	☐ High Blood Pressure	☐ Venereal Disease	

SOCIAL HISTORY

Do you…

☐ Exercise Regularly	☐ Use Alcohol	☐ Use Tobacco	☐ Use Drugs
Type:_____	Beer/Wine/Liquor	Cigarettes/Cigars/Pipe	Marijuana/Heroin
How Often:_____	How Often:_____	Snuff/Chew Tobacco	Cocaine/LSD/Crack

Occupation:_____ Marital Status: _____

~~~OVER PLEASE~~~

560 W. Mitchell Street • Suite 250 • Petoskey, MI 49770 • OFFICE: 231.487.3277 • FAX: 231.487.6167

Marc A. Feeley, MD
Melissa L. Somers, MD

PETOSKEY
Ear, Nose & Throat Specialists

PATIENT REVIEW OF SYSTEMS

Do you consider yourself generally: ☐ Healthy ☐ Not Healthy ☐ Other: _____

Have you ever experienced or are experiencing any of the following: *(Please check all that apply)*

Eyes	☐ Blurred Vision	☐ Painful eyes ☐ Other:_____	☐ Irritation from light ☐ None
Ears, Nose, Throat & Mouth	☐ Itching ☐ Rhinitis (Runny Nose) ☐ Bruxism (Grinding Teeth) ☐ Pressure in ears	☐ Nose blocked ☐ Sores in mouth ☐ Difficulty swallowing ☐ Other:_____	☐ Post Nasal Drip ☐ Teeth Hurt ☐ Painful swallowing ☐ None
Cardiovascular (Heart)	☐ Palpitations/Fluttering of heart	☐ Pain in chest ☐ Other:_____	☐ Shortness of breath while exercising ☐ None
Respiratory (Lungs)	☐ Wheezing	☐ Shortness of breath while sitting ☐ Other:_____	☐ Cough ☐ None
Gastrointestinal (Stomach)	☐ Constipation ☐ Reflux	☐ Diarrhea ☐ Other:_____	☐ Pain ☐ None
Genitourinary	☐ Hesitation when urinating	☐ Urination at night ☐ Other:_____	☐ Pain when urinating ☐ None
Musculoskeletal	☐ Soreness	☐ Weakness ☐ Other:_____	☐ Cramping ☐ None
Integumentary (Skin)	☐ Itchy skin ☐ Dry skin	☐ Lesions on skin ☐ Other:_____	☐ Bleeding ☐ None
Neurological (Nerves)	☐ Twitch ☐ Abnormal movements	☐ Ringing in ears ☐ Other:_____	☐ Dizziness/Vertigo ☐ None
Psychiatric	☐ Mood swings ☐ Depression	☐ Situational stress ☐ Other:_____	☐ Change ☐ None
Endocrine	☐ Hot flashes ☐ Cold	☐ Hair loss/growth ☐ Other:_____	☐ Heat ☐ None
Hematologic/ Lymph Nodes	☐ Bleeding easily	☐ Night sweats ☐ Other:_____	☐ None
Allergic/ Immunologic	☐ Sneezing	☐ Eye Irritation ☐ Other:_____	☐ Reactions ☐ None

FOR OFFICE USE ONLY

Reviewed/Updated	___/___/___;____	___/___/___;____	___/___/___; ____
___/___/___;____	___/___/___;____	___/___/___;____	___/___/___; ____
___/___/___;____	___/___/___;____	___/___/___;____	___/___/___; ____