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Houston Methodist ENT Specialists

Division of Facial Plastic & Reconstructive Surgery

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PATIENT INFORMATION

NAME (LAST) (FIRS	T)		(MIDDLE)		PREF	ERRED/NICKNAME
SEX: M F DOB:	/ /		SOCIAL SECURITY #:	-	_	
TELEPHONE:	· · · · · ·		EMAI	L:		
OCCUPATION:			EMPL	.OYER:		
REASON FOR VISIT?	**HOW DID YOU HEAR ABOUT US**					
HOW LONG HAVE YOU HAD THIS PROBLEM? OTHER DOCTORS SEEN FOR PROBLEM:						
HOW LONG HAVE TOO HAD THIS PRODUCING UITER DOCTORS SEEN FOR PROBLEM:						
PRIMARY CARE PHYSICIAN - FIRST & LAST NAME, ADDRESS & PHONE#:						
REFERRED BY - PHYSICIAN'S FIRST, LAST NAME, ADDRESS & PHONE #:						
RACE: □ AFRICAN AMERICAN □ NATIVE AMERICAN			ETHNICITY:			MARITAL STATUS: □ MARRIED
□ ASIAN □ PACIFIC ISLANDER			☐ HISPANIC OR LATINO☐ NON-HISPANIC OR LATINO			□ DIVORCED / SEPARATED
□ ASIAN-INDIAN □ OTHER			DECLINE			□ WIDOWED
						□ SINGLE
☐ MIDDLE EASTERN AMERICAN						
PAST HISTORY - GIVE NAMES & DATES						
PREVIOUS SURGERY/HOSPITALIZATIONS (MONTH/YEAR)						
MAJOR ILLNESSES/INJURIES:						
LIST OF ALL CURRENT MEDICATIONS:						
ALLERGIES TO MEDICATION (IF NONE WRITE	= NI /A).					
ALLERGIES TO MEDICATION (IF NONE WRITE	= N/A):					
HISTORY OF OR ARE YOU CURRENTLY			ANY FAMILY MEMBERS:	(Y)	(N)	PRESENT WEIGHT:
HAVING PROBLEMS WITH:	(Y)	(N)				
DIABETES	Y	N_	DIABETES	Y	N	HEIOLIT
ALLERGIES HEART DISEASE	<u>Ү</u> Ү	N N	ALLERGIES HEART DISEASE	Y	N	HEIGHT: AGE:
HIGH BLOOD PRESSURE	<u>т</u> Ү	N N	HIGH BLOOD PRESSURE	Y Y	N N	AGE:
STROKE/EPILEPSY/CONVULSIONS	Y	N	STROKE	<u>·</u> Y	N	DO YOU SMOKE? (Y) (N)
CANCER/TUMOR/GROWTH	Y	N	CANCER/TUMOR	Y	N	HOW LONG?
TUBERCULOSIS	Υ	N	TUBERCULOSIS	Υ	N	HOW MUCH?
ULCER/STOMACH PROBLEMS	Y	N	ULCER	Y	N	ARE YOU PREGNANT?
INTURNATO LIFAD OR NIFOV	Y	N.I.	LIEADINO LOCC		N.I.	HIN/AIDCO Voc
INJURY TO HEAD OR NECK	Y	N	HEARING LOSS	Y	N	HIV/AIDS?Yes
HEPATITIS/LIVER DISEASE	Υ	N	ARTHRITIS	Υ	N	MEDICATION:
KIDNEY/BLADDER INFECTIONS	Y	N	THYROID TROUBLE	Υ	N	
TENDENCY TO EASILY BLEED	Y	N	TENDENCY TO BLEED EASILY	Υ	N	
ANTIBIOTICS BY INJECTIONS FOR MORE THA	AN ONE Y	N		Y	N	
WEEK						
HEARING LOSS	Y	<u>N</u>	HEARING LOSS	<u>Y</u>	N	
SKIN DISORDERS	<u> Ү</u>	N N	SKIN DISORDERS	Y Y	N	
PSYCHIATRIC DISORDERS NONE	Y Y	N N	PSYCHIATRIC DISORDERS NONE	Y	N	
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