

**Todd Hamilton, MD**

Ear, Nose and Throat  
Head and Neck Surgery



**Central Utah Clinic**, PC

Your Health, Your Choice.™

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Allergies to Medications:** \_\_\_\_\_

**Reason for your Visit (Please describe your symptoms):**

**Current Medications:**

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

**Personal Medical History (P), Family Medical History (Back to Grandparents) (F)**

P / F

- Asthma
- Chronic Cough
- Reflux
- Sinusitis
- Hay Fever
- Post nasal drainage

P / F

- Migraines
- Seizures
- Stroke
- Diabetes
- Arthritis
- Hearing Loss

P / F

- High Blood Pressure
- Heart Disease
- Hepatitis
- Sleep apnea
- Thyroid Disease
- Ringing in ears

P / F

Please specify these health problems below:

Anesthesia Problems: \_\_\_\_\_

Genetic Disease: \_\_\_\_\_

Bleeding Disorders: \_\_\_\_\_

Cancer: \_\_\_\_\_

Other: \_\_\_\_\_

**Social History:**

Smoking    Caffeine    Alcohol   Married/Single/Widowed/Divorced

**Surgeries:** \_\_\_\_\_