NEW PATIENT QUESTIONNAIRE

What problem/s brought you here?

____

____

History of present illness

Please describe the location of your problem:

____

How long have your symptoms been present (mths/years):__________________________________

List any MEDICAL problems (diabetes, cancer, infections, etc) that you have had in the past, including the dates, if possible:

_______________________________ _____________

_______________________________ _____________

_______________________________ _____________

_______________________________ _____________

□ None

List any SURGERIES that you have had in the past, including dates, if possible:

_______________________________ _____________

_______________________________ _____________

_______________________________ _____________

_______________________________ _____________

□ None

List current medications:

Name	Dose	Per day

□ Nil medications

Additional Specialists (Audiologist, Physiotherapist, Endocrinologist, etc):

Name

____

____

____

□ None

PATIENT DETAILS/LABEL
Name:
DOB:

Do you have any drug/medication allergies?

☐ Yes ☐ No

If Yes, please list your below:

____

____

____

Do you have asthma? ☐ Yes ☐ No

Do you use Inhalers?:

☐ Regular use ☐ intermittent only ☐ I don't use

Do any diseases or cancers run in your family? Please list:

____

____

Social History

Occupation: ________________________________

Does your workplace require:

Noise/hearing precautions?	☐ Yes	☐ No
Mask/breathing protection?	☐ Yes	☐ No
Use of smell?	☐ Yes	☐ No
Heavy vocal/voice use?	☐ Yes	☐ No

Have you ever smoked	☐ Yes	☐ No
Smoked within 12months?	☐ Yes	☐ No
Ex-smoker (>12mths)?	☐ Yes	☐ No

The age you started smoking: ______ yro and quit______yro

How many (cigarettes)/day? ___________________

Do you drink alcohol? ☐ Yes ☐ No

How many (drinks) /day? _____________________

How many alcohol free days/week? __________

Do you use recreational drugs? ☐ Yes ☐ No

What kind? __________________________________

Any intranasal use? ☐ Yes ☐ No

Signed .... Date ....

* If completing electronically and you cannot add signature typing your name here will suffice *