

# **Anne Arundel ENT &**

# **Facial Plastic Surgery**

Tel: 410-573-9191 Fax: 410-573-5910

600 Ridgely Ave., Suite 110 Annapolis, MD 21401 479 Jumpers Hole Road, Suite 304 Severna Park, MD 21146

621 Ridgely Ave, Suite 401 Annapolis, MD 21401

#### **HEALTH HISTORY**

Name:			Height	ft	inches			
Primary Care Physici	Phone: _							
Local Pharmacy:	Mai	l Order Pharmac	cy:					
PAST MEDICAL HISTORY (PLEASE CHECK)								
Respiratory Disease	Glaucoma							
Bleeding Problems	Cancer (Type:_		)					
Diabetes	Heart Disease							
High Blood Pressure	Stroke							
Neurological Disease	Liver Disease							
HIV, Infectious Disea	Hepatitis							
Kidney Disease	Gastrointestina	al Disease						
Arthritis	Autoimmune Disease							
Other Medical Condit	tions:							
Do you have a Medical Advanced Directive? Yes □ No □								
If you do not, is there someone that you would like to appoint?								
PAST SURGICAL HISTORY								
Date	Procedure							



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	υ,	, MD 21401	
Alcohol Consumption	Yes □ No □	# of drinks per week	
Tobacco Consumption	Yes □ Never □ Fo	ormer 🗆 Type	/per day
Caffeine Consumption	Yes □ No □ Type	e/per da	y
Exercise	Yes □ No □		
Occupation:			
Psychiatric History:			
	MEDICAT	ΓIONS	
NAME	DOSAGE REASON PRESCR		
	_		<del></del>
	_		
	_		
	_		
	DRUG AND FOOL	O ALLERGIES	
ALLERGY	REACTION		
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