



Thank You for choosing ENT Physicians Inc. Please complete all of the following information **(Every question must be completed or will not be accepted):**

Your Appointment is \_\_\_\_\_ at \_\_\_\_\_ in our \_\_\_\_\_ office  
with \_\_\_\_\_.

**WEST** Office: 3829 Woodley Rd. Bldg. B Toledo, OH 43606 **EAST** Office: 1050 Isaac Streets Dr. Suite 137 Oregon, OH 43616

- Please arrive 30 minutes before your scheduled appointment time in order to complete an additional history form and process your paperwork before your first visit.
- You must bring the patient's insurance card(s) and a picture ID for the patient or parent/guardian of the patient.
- You will be required to pay your co-pay at the time of your visit (cash, check, Visa/MC)

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Local Pharmacy with Street: \_\_\_\_\_ Mail in Pharm: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Reason for today's visit: \_\_\_\_\_

Do you/Have you use(d) tobacco? Y / N Type: \_\_\_\_\_ Mo/Year started/stopped: \_\_\_\_\_ to \_\_\_\_\_

Current Medications and/or supplements (or attach detailed list):

Name Dosage Frequency Reason

---



---



---



---



---

All Allergies (Medications/foods/substances, Etc.):

Name Reaction

---



---



---

Chronic Health Conditions (High Blood Pressure, Diabetes, Etc.):

---



---



---

Surgical History:

Have you ever been anesthetized (put to sleep)? Y / N Any problems with anesthesia? Y / N

Type of Surgery Mo/Year

---



---



---

Do you see any specialty doctor regularly? Y / N

Name Specialty

---



---

Current or most recent occupation: \_\_\_\_\_

The above information is as accurate and current as possible:

---

Print Patient's Name

Signature of patient or legal guardian today's Date