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Masdon ENT & Facial Plastic Surgery

602 Corley Avenue
Boaz, Alabama 35957
7938 AL HWY 69
Guntersville, Alabama 35976

First Name: _____Last Name: _____MI:_____

Family Physician _____ Referring Physician_____

Pharmacy Preference (include location) _____

REASON FOR TODAY'S VISIT _____

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING. (Please include BLOOD THINNERS, SUPPLEMENTS, VITAMINS, AND OVER-THE-COUNTER MEDICATIONS)

ARE YOU CURRENTLY TAKING ALLERGY INJECTIONS? ( ) Yes ( ) No

ARE YOU NOW USING A CPAP MACHINE? ( ) Yes ( ) No

ARE YOU ALLERGIC TO ANY MEDICATIONS? ( ) Yes ( ) No **If yes, please list below:**

Name of Medication	Type of Reaction (Ex. Rash, Nausea, Vomiting, Other)

SURGERIES AND HOSPITALIZATIONS

Have you ever had any problems with anesthesia (being numbed or put to sleep)? ( ) Yes ( ) No
If yes, please list types of problems _____

List any surgeries you have had _____
_____
_____

Have you been hospitalized in the last three months? ( ) Yes ( ) No
If yes, list reason: _____
_____

CURRENT OR MOST RECENT OCCUPATION _____