

**CYNTHIA CHROSNIAK, M.D. \***  
**HEATHER SCHWARTZBAUER, M.D.**  
**NICHOLAS MEHTA, M.D.**  
 OTOLARYNGOLOGY  
 HEAD AND NECK SURGERY  
 DIPLOMATS AMERICAN BOARD OF OTOLARYNGOLOGY

**JANE COOKE, Au.D.**  
**KATHI BALETSTINO-ESTS, Au.D.**  
 AUDIOLOGY  
 HEARING SERVICES  
 AUDIOVESTIBULAR TESTING

Name \_\_\_\_\_

Date \_\_\_\_\_

**Past Medical History**

<u>Breast Cancer</u>	No	Yes
<u>Thyroid Cancer</u>	No	Yes
<u>Colon Cancer</u>	No	Yes
<u>Head &amp; Neck Cancer</u>	No	Yes
<u>Lung Cancer</u>	No	Yes
<u>Hypothyroidism</u>	No	Yes
<u>Asthma</u>	No	Yes
<u>Bipolar Disorder</u>	No	Yes
<u>Anxiety Disorder</u>	No	Yes
<u>Depression</u>	No	Yes
<u>Anemia</u>	No	Yes
<u>Diabetes Mellitus</u>	No	Yes
<u>Epilepsy</u>	No	Yes
<u>Hepatitis B</u>	No	Yes
<u>Hepatitis C</u>	No	Yes
<u>HIV/AIDS</u>	No	Yes
<u>Kidney Failure</u>	No	Yes
<u>Stroke/TIA</u>	No	Yes
<u>Stomach Ulcer</u>	No	Yes
<u>Atrial Fibrillation</u>	No	Yes
<u>Other</u>		

**Review of Systems**

<u>Blocked ear</u>	No	Yes
<u>Decreased hearing</u>	No	Yes
<u>Ear pain</u>	No	Yes
<u>Ringling in ears</u>	No	Yes
<u>Nosebleed</u>	No	Yes
<u>Decreased sense of smell</u>	No	Yes
<u>Difficulty swallowing</u>	No	Yes
<u>Sore throat</u>	No	Yes
<u>Swollen glands</u>	No	Yes
<u>Sinus pain</u>	No	Yes

**Social History**

1. Nonsmoker    Current smoker    Former smoker  
 If current smoker, how many cigarettes per day:  
 5 or less    6-10    11-20    21-30    >31

2. Other tobacco use    No    Yes

3. Consumed alcohol in the past year?    No    Yes  
 If yes, how often:  
 Monthly or less    2-4 times a month  
 2-3 times a week    4 or more times per week

18111 PRINCE PHILIP DRIVE, SUITE 224  
 OLNEY, MARYLAND 20832  
 (301) 774-0074  
 FAX: (301) 774-0640

LEISURE WORLD PLAZA  
 3801 INTERNATIONAL DRIVE, SUITE 206  
 SILVER SPRING, MARYLAND 20906  
 (301) 598-8600