

Tan Head and Neck Center

PATIENT QUESTIONNAIRE

Please mark any symptoms you might be experiencing;

EAR

- Drainage from the ear
- Ear pain
- Hearing loss
- Ringing in the ear
- Dizziness

NOSE

- Nasal obstruction ____ Left ____ Right
- Drainage from the nose
- Nosebleeds
- Facial Pressure
- Post- nasal drip
- Sinus Infections
- If so, how many per year? _____

THROAT

- Difficulty swallowing
- Hoarseness
- Throat Pain

NECK

- Lump in neck
- Neck pain

THYROID/PARATHYROID

- Thyroid nodule
- Needle biopsy of thyroid
- If so, diagnosis? _____
- Family history of thyroid cancer
- History of external beam radiation therapy
- High calcium/parathyroid hormone levels

FACE

- Facial paralysis
- Lesion/mass on face
- History of face/neck skin cancer

LARYNGOSCOPY/NASAL ENDOSCOPY OFFICE PROCEDURES

During your visit, your doctor may need to do additional in-office procedures to properly diagnose and treat your medical problem. These may include the placement of scopes in the nose or throat to obtain a correct diagnosis or treatment. These procedures may be covered by your insurance, or your insurance may require you to pay for a portion or all of such procedures. Any of your potential financial responsibility will be indicated on the explanation of benefits (EOB) that you will receive from your insurance company after your visit.

PHARMACY

Any medication prescribed will be sent to your local pharmacy via computer. Please provide your pharmacy information:

Pharmacy Name: _____

Street Address/Cross Streets: _____

City: _____