

South Tulsa Ear Nose & Throat Center

PEDIATRIC HEALTH HISTORY

Personal Information

Patient name: _____ Birthdate: ___/___/___ Gender: ___ Female ___ Male

Family Medical History:

Please identify medical problems blood relatives have or have ever had

Yes	No	Family Member	Condition	Yes	No	Family Member	Condition
___	___	_____	Mental retardation	___	___	_____	Allergies
___	___	_____	Lung disease	___	___	_____	Asthma
___	___	_____	Bone/Joint disorders	___	___	_____	Heart disease
___	___	_____	Eye and ear disorders	___	___	_____	Tuberculosis (TB)
___	___	_____	High blood pressure	___	___	_____	Thyroid disease
___	___	_____	Cancer, type _____	___	___	_____	Diabetes

Personal Medical History:

Please list all serious illnesses, injuries, surgeries or hospitalizations.

Year	illness, injury or surgery	Hospital/Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child current on all immunizations to date? Yes___ No___

Please identify any medical problems your child has now or has ever had.

Yes	No	<u>Diseases</u>
___	___	Measles (10 day)
___	___	Mumps
___	___	Chicken Pox
___	___	German Measles(3 day)
___	___	Tuberculosis (TB)
___	___	Whooping cough
___	___	Rheumatic fever
___	___	Hepatitis (liver disorders)
___	___	Diabetes

Yes	No	<u>Ears</u>
___	___	Frequent ear infections
___	___	Hearing problems
___	___	Difficulty talking/stuttering
___	___	Ear drainage ___left ___right
___	___	Ringing in ears ___left ___right
___	___	Ear pain ___left ___right

Yes	No	<u>Nose & Throat</u>
___	___	Frequent sore throats
___	___	Persistent hoarseness
___	___	Mouth breathing
___	___	Frequent nosebleeds
___	___	Frequent stuffed up nose
___	___	Rhinorrhea (runny nose)
___	___	Congestion
___	___	Post-nasal drip(drainage in throat)
___	___	Frequent Tonsil infections

Yes	No	<u>Eyes</u>
___	___	Crossed or wandering eyes
___	___	Vision problems
___	___	Eye irritation
___	___	Frequent headaches

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PEDIATRIC HEALTH HISTORY
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Yes No Mouth
___ ___ Visit dentist regularly
___ ___ Dental problems
___ ___ Sores in mouth/gums

Yes No Lungs
___ ___ Difficulty breathing
___ ___ Wheezing
___ ___ Repeated coughing spells
___ ___ Pneumonia
___ ___ Bronchitis
___ ___ Asthma

Yes No Heart
___ ___ Shortness of breath
___ ___ Heart murmur

Yes No Digestive
___ ___ Frequent diarrhea
___ ___ Frequent constipation
___ ___ Frequent nausea or vomiting
___ ___ Bloody or very dark stools
___ ___ Loss of appetite, recently
___ ___ Weight loss or gain, recently
___ ___ Frequent stomachaches
___ ___ Worms

Yes No Personal Habits
___ ___ Alcohol, how often _____
___ ___ Illegal drugs, type _____
___ ___ Tobacco type _____ packs _____ years _____
___ ___ Coffee/tea/softdrinks cups daily _____

Yes No Musculoskeletal
___ ___ Bone fracture
___ ___ Joint injury

Yes No Genitourinary System
___ ___ Urination problems
___ ___ Painful, burning urination
___ ___ Blood in urine

Yes No Nervous System
___ ___ Dizziness or fainting spells
___ ___ Difficulty walking, balance
___ ___ Convulsions or seizures

Yes No General
___ ___ Sleeping problems
___ ___ Sinus infection
___ ___ Persistently tired/fatigue
___ ___ Irritability
___ ___ Excessive thirst
___ ___ Recurrent fever
___ ___ Seasonal allergies
___ ___ Food allergies
___ ___ Skin allergies
___ ___ Pregnant

Additional items the doctor should know about your child: _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my child's health. It is my responsibility to inform the doctor's office of any changes in my child's medical status. I also authorize the health care staff to perform the necessary services my child may need.

Signature of parent or guardian

_____/_____/_____
Date

South Tulsa Ear Nose & Throat Center
Medication Chart

Patient Name: _____ Date of Birth: _____

Prescriptions:

Name of Medication	Strength	Dosage	Prescribing Physician	Why do you take this Medicine?	How long have you been taking medication?

Over-the-counter medications, herbal remedies, vitamins:

Any drug allergies? _____

Are you allergic to Latex? __YES __NO Are you allergic to Iodine? __YES __ NO

Why are you seeing the Doctor today?

Please list any questions you would like the Doctor to answer

Notes: _____



South Tulsa Ear Nose & Throat Center, PC

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Financial Policy and Receipt of Notice of Privacy Practices

- 1.) Payment is due at the time of service for cash patients. Insurance co-payment or percentage is also due at the time services are rendered for patients with insurance.
- 2.) As a courtesy to the patient, we will file the insurance. Please remember your insurance coverage is a contract between you and your insurance company; therefore, you are responsible for full payment of your account when due.
- 3.) Many otolaryngology office procedures are commonly classified as surgical in the CPT guidelines required by your insurance company. As such, your insurance company may apply a surgical co-insurance responsibility or deductible in addition to your office visit co-payment. These procedures may include cerumen removal, Laryngoscopy Nasopharyngoscopy, Chemical cautery, Biopsy, Nasal/Sinus Endoscopy with polypectomy or debridement.
- 4.) A \$40 No Show fee will be charged for cancellations or rescheduled appointments without 24 hours notice given.
- 5.) Due to increased postage, printing costs, and staff time...we will only send you three statements prior to referring your account to a collection agency. We would much rather work with you, so please be prompt in paying your bill or contacting us if you need to make payment arrangements. If we must refer your account to a collection agency we will add a 30% surcharge.

I understand the above financial policy and agree to adhere to the conditions set forth in above.

Name of Patient

Date of Birth

Patient/Guardian Signature

Date

Notice of Privacy: My signature on this form indicates that I have reviewed a Notice of Privacy Practices available at the office or on our website enttulsa.com. If you have any questions, please contact the Privacy Officer at the office.

Patient/Guardian Signature

Date