

Todd Hamilton, MD

Ear, Nose and Throat
Head and Neck Surgery



Central Utah Clinic, PC

Your Health, Your Choice.™

Patient Name: _____ Date of Birth: _____

Referred by: _____

Height: _____ Weight: _____ Today's Date: _____

Allergies to Medications: _____

Reason for your Visit (Please describe your symptoms):

Current Medications:

Personal Medical History (P), Family Medical History (Back to Grandparents) (F)

P / F

- Asthma
- Chronic Cough
- Reflux
- Sinusitis
- Hay Fever
- Post nasal drainage

P / F

- Migraines
- Seizures
- Stroke
- Diabetes
- Arthritis
- Hearing Loss

P / F

- High Blood Pressure
- Heart Disease
- Hepatitis
- Sleep apnea
- Thyroid Disease
- Ringing in ears

P / F

Please specify these health problems below:

Anesthesia Problems: _____

Genetic Disease: _____

Bleeding Disorders: _____

Cancer: _____

Other: _____

Social History:

Smoking Caffeine Alcohol Married/Single/Widowed/Divorced

Surgeries: _____