DeFatta ENT
FACIAL PLASTIC SURGERY

Vitals (Medical Assistant will Complete)	
Ht	Temp
Wt	B/P
Resp	Pulse

Patient Name: _____
Birthdate: _____
Email: _____
Primary Doctor: _____

Medications You are Taking Now and Dose (if known)			
Name of Drug/Dose	Date Started	Name of Drug/Dose	Date Started
1.		5.	
2.		6.	
3.		7.	
4.		8.	
Drug Allergies & Reactions:			
Medical History:			
Surgical History:			
Family History:			
Any exposure to 2nd hand smoke? Yes No Immunizations up to date? Yes No Car seats/Seatbelts used? Yes No		Currently in Daycare? Yes No Lives with Parents? Yes No Lives with Foster Parents? Yes No N/A	

Circle all that currently apply:

Fatigue	Fever	Chills	Recent Weight Loss
Nausea	Vomiting	Sneezing	Frequently Sick
Ear Pain	**Hearing Loss**	Ear Drainage	Nosebleeds
Nasal Discharge	Nasal Passage Blockage	Snoring	Sore Throat
Neck Mass	Hoarseness	**Speech Delay**	Difficulty Breathing
Difficulty Eating	Wheezing	Noisy Breathing	Cough
Swallowing Problems	Abdominal Pain	Diarrhea	Constipation
Bleeding Problems	Clotting Problems	Lymph Node Enlargement	Neck Pain
Joint Pain	Back Pain	Decrease in Strength	Persistent Itch
Moles/Discolored Spots	Skin Rash	Difficulty with Balance	Headache
Fainting	Seizure	**Delayed Milestones**	Daytime Sleepiness
Insomnia	Fussy Infant		

Doctor Signature_____ _____Date_____

Doctor Signature________________ ______________________________Date__________________________