



Spartanburg | Greer ENT & Allergy

EAR, NOSE & THROAT | HEAD & NECK SURGERY | SINUS & ALLERGY | SLEEP | COSMETICS

TO COMPLETE YOUR FORM:

- Fill out all applicable sections
- Resave file with a unique name
- Email your resaved form to operator@spartanburgent.com

PATIENT HEALTH HISTORY AND PHYSICAL FORM

Date: _____ Patient Name: _____ Acct. No: _____

Referring Doctor: _____

Pharmacy: _____

Allergies And Reactions To: Food _____ Tape _____

Latex _____ Contrast Dye _____ Insect Stings/Bites _____

Past Health History: _____

Adult (Include Heart Murmur, Hepatitis, HIV): _____

Pediatric: Delivery Complications _____ In Nicu _____

Heart Murmur _____ Lung Problems _____

Surgeries And Hospitalizations:

Problems With Anesthesia _____

Past Surgeries _____

Past Hospitalizations For Non-Surgical Reasons _____

Past Non-Surgical Treatments (Chemo Or Radiation) _____

Serious Injuries _____

Tests And Immunizations:

Adults: Flu Shot _____ Pneumonia Shot _____ Colonoscopy _____

Covid Vaccine _____ Mamogram _____

Pediatric: Immunizations Up To Date _____ Flu Shot _____

Passed Newborn Hearing Screening _____

Diagnostic Tests: _____

Family History: _____

Social History:

Adult: Current/Past Smoker _____ What Age/Year Did You Start _____

Alcohol Use _____ Recreational Drug Use _____