



ENT Specialists, P.A.

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Hearing Care Center

Tricia Pastore, Au.D.

Patient Name _____

Today's Date _____

Current Pharmacy _____

Referred By _____

Patient/Guarantor Email _____

Family M.D. _____

Age _____ Height _____ Weight _____ Gender _____

Smoke Exposure: Yes ___ No ___

School/Grade _____

Daycare: Yes ___ No ___

Reason for Visit: _____

Date of Onset: _____

Medications Tried: _____

Recent Diagnostics: Hearing Test _____ CT/MRI _____ Blood Work _____

Family History: NONE

Adopted _____ Allergy _____ Hearing Loss _____ Bleeding Disorder _____

Anesthesia Complication _____ Other _____ (if "other" Be Specific)

Patient's Medical History: NONE

Asthma _____ Apnea _____ Reflux _____ Cancer _____

Prematurity _____ Depression _____ Migraines _____ Speech _____

Diabetes _____ Bleeding _____ High Blood Pressure _____

Hearing _____ Anesthesia Complications _____

Other (Be Specific) _____

Past Surgeries: NONE

Tonsillectomy _____ Adenoidectomy _____ Cancer: _____

Wisdom Teeth _____ Orthopedic _____ Nasal _____ Sinus _____

Heart _____ Hernia _____ Appendix _____ PE Tube _____

Gallbladder _____ Hernia _____ Thyroid _____ Appendix _____

Other (Be Specific) _____

Current Problems:

All Negative Except _____

Shortness of Breath _____ Difficulty Swallowing _____ Chest Pain _____

Neck Mass _____ Anemia/Bruising _____ Rash _____ Joint Pain _____

Persistent Headaches _____ Sleep Problems _____ Visual Problems _____

Dizziness _____ Snoring _____

Other (Be Specific) _____

M.D. ONLY

FILL OUT COMPLETELY

PEDIATRIC NEW