UT Physicians

UTHealth | McGovern Medical School
The University of Texas Health Science Center at Houston

Established Patient Questionnaire

Otorhinolaryngology-Head & Neck Surgery

Name	MRN	DOB	Date

Telephone
H W M

Pharmacy
Name Telephone

How did you hear about us?
□ Sent by another physician (If so, please give name below.)
□ Sent by a friend
□ Internet search
□ UT and/or TSI reputation
□ Other *(Specify)*

Physician #1 (☐ sent by this physician)
Name Fax Telephone

Address City, State Zip

Physician #2 (☐ sent by this physician)
Name Fax Telephone

Address City, State Zip

Important Note on Medical Records and Previous Imaging

Please be sure to bring your previous medical records. In particular, previous CT scans and MRI scans of the nose and sinuses are very important. Please try to obtain the actual films (not just the radiology reports).

START HERE:

What symptom gives you the most trouble?

Next page→

Other Treatments

Have you seen another physician since your last visit? If Yes, please provide details.

O Yes
O No

Medications

Please list your current medications.

Please list any other medications that you have taken since your last visit, but are not longer using.

Are you allergic to any medications?

O Yes *Details*
O No
(If yes, please give details.)

Comments