

MAURICE M. KHOSH, MD, FACS
PATIENT HEALTH QUESTIONNAIRE

PATIENT NAME: _____ HEIGHT: _____ WEIGHT: _____

REVIEW OF SYSTEMS - CHECK ALL THAT APPLY:

Head & Neck

- Eye Disease
- Double vision
- Blurred vision
- Prior Ear Surgery
- Ear Ache
- Hearing loss
- Dizziness
- Ringing in ears
- Nasal Obstruction
- Nosebleeds
- Nasal Discharge
- Altered sense of smell
- Sinusitis
- Nasal Polyps
- Snoring
- Excessive sleepiness
- Facial pain
- Pain with chewing
- Recent dental work
- Mouth sores
- Lumps in the neck
- Allergies

Respiratory System

- Hoarseness
- Chronic cough
- Throat clearing
- Heart Burn
- Regurgitation
- Spitting up blood
- Shortness of breath
- Wheezing
- Asthma
- Chronic bronchitis
- Chest Pain
- Emphysema
- Tuberculosis
- Lung cancer

Neurologic

- Headaches
- Head injury
- Numbness or tingling
- Transient black-outs
- Transient vision loss
- Seizures
- Strokes

General

- Night Sweats
- Fevers
- Skin diseases
- Arthritis
- Bleeding Disorder
- Easy Bruisability
- HIV infection or AIDS
- Psychiatric Diseases

Gastrointestinal

- Difficult swallowing
- Pain on swallowing
- Diarrhea
- Constipation
- Jaundice
- Liver Disease
- Hepatitis
- Kidney Disease
- Bloody stools
- Diverticulosis
- Gall bladder disease
- Heartburn or ulcers

Cardiovascular

- Hypertension
- Heart disease
- Angina
- Swelling of the ankles
- Heart surgery
- Angioplasty
- Pacemaker
- Anemia

Endocrine

- Diabetes
- Heat/cold intolerance
- Thyroid imbalance
- Menstrual disorders

Urologic

- Difficulty on urination
- Frequent urination
- Blood in the urine
- Prostate problems

Other

Past and present medical problems:

Previous surgeries and dates (month/year)

(/)

(/)

(/)

(/)

(/)

(/)

List all current medications and dosages (including OTC):

Do you smoke?

Yes No

If yes, how much?

Do you drink alcohol?

Yes No

If yes, how much?

Any other information for Dr.?

Please list all allergies:

(medications, inhalants, foods, contact allergies)

Reason for today's visit:

Patient Signature

Date

Physician Signature

Date
