Daniel L. Wohl, M.D.
Pediatric and Adolescent
Otolaryngology

Pediatric and Adolescent
Audiology

UPDATED MEDICAL HISTORY

Today's Date:________________________

Child's Name: ______________________________ *Preferred Name*:______________________________

Date of Birth: ____________________ **Age**______ **Who is with the child today**?____________________

Insured's Name:____________________________ **Employer Name:** ______________________________

Employer Address: ____

Medical Decision Making Authority is with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other ____________

Updated Medical Information

Office Use Only Age:	Weight:	Pulse:	Resp:

Reason for today's visit: ____

	Yes	No	**Update:** *Ht,Lg,Lv,Kd,Sz,D;All,Neur,GI,M-S,Psy,Cog,other*
Any new medical problems ?	☐	☐	
Any recent surgical procedures?	☐	☐	
Any new medication allergies?	☐	☐	
Current medications (names only)?	☐	☐	
Has s/he seen a doctor for today's problem?	☐	☐	
Is there a chance that she is pregnant?	☐	☐	
Any change in parent / guardian status?	☐	☐	

Updated ENT / Audiology Information

	Yes	No	**Update:** *E-N-T,Voice,H&N*
Any changes in hearing?	☐	☐	
Any changes in breathing?	☐	☐	
Any speech or voice changes?	☐	☐	
Any eating or swallowing changes?	☐	☐	
Any new ear infections?	☐	☐	
Any new throat infections?	☐	☐	
Any new sinus infections?	☐	☐	
Any recent nosebleeds?	☐	☐	

What *specific question(s)* regarding your child's Ear, Nose, and Throat care would you like answered today? ____

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Thank you! ☺