## Ear, Nose & Throat Consultants-Tongue Tie Medical History Form

Name   Name	Name:			Γ	Date:	//			
Medications:   None known	PATIENT DOB:/_/ Age:			Name of parents / guardians(s):					
Mote   Tabbhives   Swelling	Reason for toda	y's visit:							
Med	Medications:								
Med	Allergies to Medications: None known								
Maternal Gestational Diabetes or Pre-celamysia: Premature/Infection/Jaundice/Intubation/Oxygen/Breathing difficulties?	Medrash/hives/swelling/anaphylaxis/breathing problem								
Premature/Infection/Jaundice/Intubation/Oxygen/Breathing difficulties?									
Delivery method (circle one): vaginal/C-section Born at Gestation week:   Birth weight:   Newborn hearing test: Normal/Abnormal/ Not known / Not done/Passed after multiple tests	Maternal Gestati	onal Diabetes or Pre-ecla	ımpsia: _						
Born at Gestation week:	Premature/Infect	ion/Jaundice/Intubation/G	Oxygen/E	Breathing	difficult	ties?			
Newborn hearing test: Normal/Abnormal/ Not known / Not done/Passed after multiple tests   Supplementation/pumping?									
Newborn hearing test: Normal/Abnormal/ Not known / Not done/Passed after multiple tests   Supplementation/pumping?	Born at Gestation week:, Birth weight:, Current weight:								
Previous Surgery (include operations and dates):	Newborn hearing	g test: Normal/Abnormal/	Not kno	wn / Not	t done/Pa	ssed after multipl	e tests		
Previous Surgery (include operations and dates):	Feeding history	: Feeding time:		Supplen	nentatio	n/pumping?			
Patient's Past Medical History:	Lactati	on consultant:							
Ear Infections	Previous Surger	y (include operations and	d dates):						
Number in prior 12 months	Patient's Past M	ledical History:		Yes	<u>No</u>	(please explai	in if yes)		
Concerns about hearing	Ear Infections			O	O				
Heart Disease/Congenital heart defects	Number in	prior 12 months							
Respiratory/lung disease/asthma	Concerns a	about hearing		O	O				
Respiratory/lung disease/asthma				O	O				
Digestive/stomach/intestinal disease				O	O				
Unlogic/kidney disease				O	O				
Jaundice   O O O O O O O O O O O O O O O O O O				O	O				
Cancer				O	O				
Cancer		isease		O	O				
Cancer	Earthy H., Dlags			l. a. Call an					
Cancer         O         O           Hearing Loss         O         O           Environmental Allergies         O         O           Bleeding disorders         O         O           Headaches         O         O           Tongue Tie in family         O         O           Other or Unknown         O         O           Social Hx           Exposure to cigarette smoke?           Any pets at home?         Social Hy           Review of Systems           Please indicate whether your child presently has any of the following symptoms:           Yes         No         Yes         No           General/Constitutional         Musculoskeletal         Weight Loss         O         Normal muscle tone         O         O           Recover birth weight         O         O         Respiratory         Cough         O         O           Poor sleep         O         O         Wheezing         O         O           Ophthalmologic         For Discharge         O         O         Genitourinary           Earr S, Nose, Mouth, Throat         Difficulty Urinating         O         O           Asaal Congestion         O	Family Hx Pleas								
Hearing Loss	C		(pieas	se expian	n ii yes)				
Environmental Allergies									
Bleeding disorders									
Headaches		_							
Tongue Tie in family	-								
Social Hx   Exposure to cigarette smoke?									
Social Hx   Exposure to cigarette smoke?   Any pets at home?   Seview of Systems   Please indicate whether your child presently has any of the following symptoms:   Seview of Systems   Seview of Systems									
Exposure to cigarette smoke?   Any pets at home?   Seview of Systems   Yes   No   Yes   Yes   No   Yes   No   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes   Yes   Yes   Yes   Yes   Yes	Other or Unknov	vn O O							
Review of Systems	Social Hx								
Please indicate whether your child presently has any of the following symptoms:    Yes   No   Yes   No	Exposure to ciga	rette smoke?							
Please indicate whether your child presently has any of the following symptoms:    Yes   No   Yes   No	Any pets at home	e?							
Please indicate whether your child presently has any of the following symptoms:    Yes   No   Yes   No	Danian of Court								
Yes         No           General/Constitutional         Musculoskeletal           Weight Loss         O         O         Normal muscle tone         O         O           Recover birth weight         O         O         Respiratory         Very Cough         O         O           Fevers         O         O         Wheezing         O         O           Poor sleep         O         O         Wheezing         O         O           Ophthalmologic         Eye Discharge         O         O         Genitourinary         O         O           Ears, Nose, Mouth, Throat         Difficulty Urinating         O         O         O           Ear Drainage         O         O         Gassy         O         O           Nasal Congestion         O         O         Abnormal bowel movements         O         O           Snoring         O         O         Difficulty swallowing         O         O           Skin         Acid reflux         O         O         O         O			ntly has a	any of th	e followi	ng symptoms:			
General/Constitutional         Musculoskeletal           Weight Loss         O         O         Normal muscle tone         O         O           Recover birth weight         O         O         Respiratory         Very Cough         O         O           Fevers         O         O         Wheezing         O         O           Poor sleep         O         O         Wheezing         O         O           Ophthalmologic         Eye Discharge         O         O         Genitourinary         O         O           Ears, Nose, Mouth, Throat         Difficulty Urinating         O         O           Ear Drainage         O         O         Gassry         O         O           Nasal Congestion         O         O         Abnormal bowel movements         O         O           Snoring         O         O         Difficulty swallowing         O         O           Skin         Eye Discharge         O         O         Acid reflux         O         O		J F	•	-			Υ	Zes	No
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Recover birth weight O O O Respiratory Fevers O O O Cough O O Poor sleep O O O Wheezing O O Ophthalmologic Noisy breathing O O Eye Discharge O O Genitourinary  Ears, Nose, Mouth, Throat Difficulty Urinating O O Ear Drainage O O Gastroenterology Nasal Congestion O O Gastroenterology Nouth Breathing at Night O O Abnormal bowel movements O O Snoring O O Difficulty swallowing O O Skin Skin tags around ears O O		Weight Loss	O	O			Normal muscle tone	O	O
Fevers O O O Wheezing O O O  Ophthalmologic Noisy breathing O O  Ears, Nose, Mouth, Throat Difficulty Urinating O O  Ear Drainage O O Gastroenterology  Nasal Congestion O O Gastroenterology  Nouth Breathing at Night O O O Abnormal bowel movements O O O  Snoring O O O Difficulty swallowing O O O  Skin Skin tags around ears O O			C	0		Respiratory			
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Ears, Nose, Mouth, Throat  Ear Drainage  Nasal Congestion  Mouth Breathing at Night  Snoring  O  O  Gastroenterology  Abnormal bowel movements  Abnormal bowel movements  Difficulty Urinating  O  O  O  Sassy  O  O  Abnormal bowel movements  O  Difficulty swallowing  O  O  Skin  Skin tags around ears  O  O	•		O	O		Genitourinary	, e		
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Shoring O O Difficulty swallowing O O Skin Skin tags around ears O O								_	
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						Reviewed by:	M.D.	Da	ite