

TAN HEAD & NECK CENTER
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MEDICAL HISTORY QUESTIONNAIRE

BRIEFLY, WHAT PROBLEM(S) BRINGS YOU TO OUR OFFICE TODAY?

MEDICAL PROBLEMS (PLEASE CIRCLE IF ANY PERTAIN TO YOU)

HEART DISEASE

DEPRESSION

URINARY RETENTION

HYPERTENTION

ASTHAM

STROKE

HIGH CHOLESTEROL

ALLERGIES

THYROID DISEASE

OTHER _____

PATIENT WITH THYROID/PARATHYROID PROBLEMS: (PLEASE CHECK ANY PERTAINING TO YOU)

_____ FAMILY HISTORY OF THYROID CANCER

_____ FAMILY HISTORY OF HIGH CALCIUM LEVELS

_____ PREVIOUS RADIATION THERAPY/ EXPOSURE

PREVIOUS SURGERIES: _____

DO YOU SMOKE?: Y/N IF SO HOW MANY PACKS A DAY? _____ FOR HOW LONG? _____

DO YOU DRINK ALCOHOL?: Y/N IF SO, HOW MUCH? _____

DRUG ALLERGIES: _____

CURRENT MEDICATIONS:
