Michael Gartlan, MD
Rajeev Mehta, MD
Scott DiVenere, MD
Sung Chung, MD
Ankit Patel, MD
Matthew Bartindale, MD
Jeffrey Weishaar, MD

ENT Surgical Consultants

Joliet | Morris | New Lenox

Phone: 815-725-1191
entsurgicalillinois.com

Name:_____

Address:_____ City:_____

State:_____ Zip:_____

Date of Birth:_____ Phone:_____ ☐ Cell ☐Home

Email:_____

Emergency Contact Name:_____Phone:_____

Referring Physician:_____

Who is your Primary Care Provider:_____

Pharmacy and Location:_____

Chief Complaint (reason you are being seen today)?:

Please remember to bring any relevant imaging, testing results, or medical records to your appointment to ensure a comprehensive evaluation and the best possible care. What type of tests or imaging have you had and where (labs, sleep study, CT, etc.)?

Patient History (Please check those that apply):

- ❑ Cancer (enter details below)
- ❑ Heart (enter details below)
- ❑ Cardio: Hypertension
- ❑ Ear: Dizziness
- ❑ Ear: Hearing Loss
- ❑ Ear: Tinnitus/Ringing in Ear
- ❑ Endocrine: Diabetes
- ❑ Endocrine: Thyroid Disorders
- ❑ G.I.: Reflux/GERD/Ulcers
- ❑ Immuno: HIV
- ❑ Immuno: Immune Disease
- ❑ Lymph: Anemia
- ❑ Lymph: Bleeding Disorders
- ❑ Nasal: Allergies
- ❑ Nasal: Nasal trauma
- ❑ Nasal: Nose bleeds
- ❑ Nasal: Sinusitis
- ❑ Neuro: Headaches/Migraines
- ❑ Sleep: Snoring
- ❑ Sleep: Tiredness During Day Time
- ❑ Sleep: Observed Apnea
- ❑ Other (please add details below)

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Details of Patient History:

Medications List (Medication, Dose, and Frequency): including over-the-counter items. You may skip this section if you plan to bring a copy of your medication list to your appointment.

Allergies to medication (name of medication and type of allergic reaction):

Surgeries - Please list any and ALL surgeries:

Social History (Please check those that apply):

- ❑ Current Smoker (includes vaping)
- ❑ Quit Smoking
- ❑ Chew Tobacco
- ❑ Quit Chewing Tobacco
  If you quit, what year?_____

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Family History (Please check those that apply):

- ❑ Allergies
- ❑ Cancer
- ❑ Diabetes
- ❑ Headaches/Migraine
- ❑ Immune Disease
- ❑ Premature Hearing Loss
- ❑ Sinusitis
- ❑ Sleep Apnea
- ❑ Thyroid Disorders

Details of Family History (please include which family member: mother, father, etc.):

Other services available: (please bring these up to the doctor)

- ❑ Allergy testing/treatment
- ❑ Sleep Apnea (snoring, tired during the day, stop breathing while sleeping, high BP)
- ❑ Hearing Aids

Acknowledgment

Patient/Legal Guardian Signature: _____

Date: _____

Relationship to Patient:

- ❑ Self
- ❑ Grandparent
- ❑ Guardian
- ❑ Other