

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE	<b>ENT INITIAL EVALUATION</b>	OTSG APPROVED (Date) 1 December 1995
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AGE:	CHIEF COMPLAINT:	FOR HOW LONG?
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HPI:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAST MEDICAL HISTORY:**

OCCUPATION: \_\_\_\_\_ WORK PH: (    ) \_\_\_\_\_ HOME PH: (    ) \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ TOBACCO: \_\_\_\_\_ ALCOHOL: \_\_\_\_\_

OPERATIONS (ANYWHERE ON BODY): \_\_\_\_\_

ILLNESSES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

DO YOU TAKE PENICILLIN OR OTHER ANTIBIOTIC WHEN YOU GO TO THE DENTIST?  YES  NO

EXAM: EARS:	NASOPHARYNX:
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	HYPOPHARYNX-LARYNX
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NOSE & SINUSES:	
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	NECK-THYROID:
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MOUTH & OROPHARYNX:	TEST/PROCEDURE:
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ASSESSMENT:	PLAN:
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_____ _____ _____ _____	_____ _____ _____ _____
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(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
	ENT Clinic, Kimbrough Ambulatory Care Center	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL       FLOW CHART
- OTHER EXAMINATION OR EVALUATION       OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT