John E. Butler M.D.
Otolaryngology
Head & Neck Surgery

Joshua Yorgason M.D.
Otolaryngology
Hearing and Balance Disorders

General ENT Problems Questionnaire

Please fill out this as best as you can, and **CIRCLE** any that applies.

Patient Last Name _____ **First** _____ **DOB**_____ **Chart #**_____

Chief Complaint (list the ONE main problem)_____ **For how long?**_____

Recurrent THROAT infections

Date of onset _____
How many in the last 6 months?_____ **Year?**_____
Positive strep throat culture? Y N
Which Antibiotics have you taken for this?_____
_____
_____
How many days of work/school missed?_____
Have you had previous surgery on your….
Tonsils? Y N Date:_____
Adenoids? Y N Date:_____
Ears? Y N Date:_____
Other Surgery:_____Date:_____
_____

SLEEP PROBLEMS

Do you have the following…..
Snoring? Y N
Restless sleep? Y N
Gasping/Pauses? Y N
Daytime tiredness? Y N
How many times do you wakeup?_____
Have you had previous testing? Y N
Overnight Sleep Study (polysomnogram)
Location:_____ Date:_____
Trial of CPAP (Did it help? Y N)
Location:_____ Date:_____

OTHER THROAT Symptoms (When no infection)

Feels like something stuck in throat? Y N
Frequent throat clearing? Y N
Constant/recurrent hoarseness? Y N
When is it worse? (morning/ evening)
Are you talkative at home/work? Y N
Heart burn/Acid reflux? Y N
What reflux medicines do you take?_____
_____

NOSE Symptoms

Nasal obstruction (can't breath) …. (Right / Left)
Nasal drainage/postnasal drip……. (Right / Left)
What color? (green/yellow/white/clear/other_____)
Sinus pressure/headaches…..……. (Right / Left)
Migraine headaches ..…….. (Right / Left)
Frequent nose bleeds…….. (Right / Left)
Frequent sinus infections……. (Right / Left)
Location of pain?_____
What brings it on (setting)? _____
_____
What makes it worse?_____
_____
What makes it better? _____
_____

Have you had previous testing? Y N
CT Scan - Date:_____
Location:_____
MRI - Date:_____
Location:_____
Other - Date:_____
Location:_____

What, if any, diagnosis have you been given? ___
_____
_____

What treatment have you received?(please list)
Oral decongestants? _____
Nasal decongestants?_____
Nasal saline (spray/irrigation)?_____
Nasal steroid?_____
Other:_____
_____
_____
_____

ENT Specialists
4000 South 700 East
Salt Lake City, UT 84107
www.myentspecialist.com
Appointments (801)268-4141