Ear, Nose and Throat Associates of Northern Colorado

THROAT SYMPTOM SHEET

Name: ____ Age:_______

Please answer the following questions carefully.

What is the reason you are here today? ____

____

Question	Answer
1. Do you have **sore throat**; how long?	Yes / No Specify:
2. Do you have **fever** with your sore throat?	Yes / No Specify:
3. Have you missed **work or school** due to your current symptoms?	Yes / No Specify:
4. Do you have **enlarged lymph glands**?	Yes / No Specify:
5. Do you have a **sensation** of a lump in your throat when swallowing?	Yes / No Specify:
6. Have you been treated with **antibiotics** for your current symptoms; if so, **how long**?	Yes / No How long: What medication:
7. Do you have **hay fever/seasonal allergies** **or** any other **environmental allergies**?	Yes / No Specify:
8. Do you have **persistent** cough; if so, how long?	Yes / No How long:
9. Do you ever cough up any **blood**?	Yes / No Specify:
10. Do you have **pain** or **difficulty** **swallowing**?	Yes / No Specify:
11. Do you have **postnasal discharge**?	Yes / No Specify:
12. Do you have **heartburn / acid reflux;** if yes, do you take medication?	Yes / No What medication:
13. Do you have **hoarseness** or **laryngitis**; if yes, does it come and go?	Yes / No Specify:
14. Are you worried **about the possibility** of a throat tumor?	Yes / No Specify:
15. Do you have any **immediate** family that has or had throat cancer?	Yes / No Specify:
16. **Do you** or **have you** ever smoked; if so, how much?	Never smoked / Former Smoker, Quit: ________ / Current Smoker / How much: ________
17. Do you use **smokeless tobacco**?	Yes / No Specify:
18. Do you, or any **immediate** family member have a **bleeding disorder**?	Yes / No ☐ Hemophilia A (factor VIII deficiency) ☐ Hemophilia B (factor IX deficiency) ☐ Von Willebrand disease ☐ Rare factor deficiencies including I, II, V, VII, X, XI, XII and XIII ☐ Other: ____

ADDITIONAL CONCERNS: