Name:_____ Date_____

Ear, Nose & Throat - Part 1a

Chief Complain - Primary Health Concern

Instructions: There are five (5) pages of 'Fill-In' pdf forms. Please provide as much information as possible - this is your opportunity to tell me what has been occurring in the past, your current condition as well as concerns you have for your future should this condition continue.

My Chief Complaint is one or more: ☐ Ear ☐ Nose ☐ Throat ☐ Other _____

Indicate all abnormalities that occur simultaneously with your Chief Complaint:

☐ Balance	☐ Appetite	☐ Blood pressure	☐ Energy	☐ Addiction	☐ Injury (Past)
☐ Hearing	☐ Defecation	☐ Cardio	☐ Libido	☐ Attitude change	☐ Injury (Recent)
☐ Smell	☐ Digestion	☐ Respiratory	☐ Menses	☐ Behavior change	☐ Fertility
☐ Speech	☐ Thirst	☐ Skin	☐ Semen flow	☐ Cravings	☐ Weight
☐ Swallowing	☐ Urination		☐ Sleep	☐ Emotions	☐ Pain (physical)
☐ Taste	☐ Bleeding		☐ Excess naps	☐ Mental function	☐ Twitching-Ticks
☐ Touch	☐ Mucus flow			☐ Memory	☐ Hiccups
☐ Vision	☐ Swelling			☐ Pain & Emotions	

Is the current episode the first time this has occured?
☐ Yes ☐ No, it has occurred _____ prior.
No. of times

When did the Chief Complaint become disruptive to your Activites of Daily Living or caused significant impairment?

_____
How many days, weeks, months or years ago or the date.

When did the Chief Complaint or associated symptoms begin before the condition became disruptive to your Activities of Daily Living or caused significant impairment?

_____
Indicate the number of days, weeks, months or years or the date.

How frequently does the Chief Complaint or associated symptoms interfere with Activities of Daily Living?

_____
Indicate number of daily in a day or number of days/weeks

If you have chronic pain, please describe _____

_____

_____

What provides relief to the Chief Complaint?_____

_____

_____

_____

Past or currently do you participate in:

☐ Soccer	☐ Work agriculture
☐ Boxing	☐ Work silkscreen
☐ Kick Boxing	☐ Woodworking
☐ Martial Arts	☐ Listen hard rock
☐ Horseback Riding	☐ Music club hopping
☐ Dirtbike Riding	☐ Amplified instrments
☐ Snowboard	☐ Work nightclub
☐ Skateboard	☐ Skeet shooting
☐ Work construction	☐ Automatic guns
☐ Work demolition	☐ Work riveting
☐ Deep scuba diving	☐ Aircraft repair
☐ Freq Airtravel	☐ Pilot aircraft
☐ Jet engine repair	☐ Military artillary
☐ Oil rig	☐ _____
☐ Petroleum plat	☐ _____
☐ _____	☐ _____
☐ _____	☐ _____
☐ _____	☐ _____
☐ _____	☐ _____
☐ _____	☐ _____

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 1.
Example: John_Doe_CC_ENT Part 1

Name _____ Age_____ Date _____

EAR, NOSE & THROAT - Part 1b

Chief Complaint - Primary Health Concern

Main reason for your visit? _____

_____

_____

REVIEW OF SYSTEMS: Please check all symptoms you have experienced in the last MONTH.

- ☐ Change in Smell
- ☐ Change in Voice
- ☐ Ear Infections
- ☐ Ear Pain
- ☐ Headaches
- ☐ Neck Mass
- ☐ Neck Pain
- ☐ Nose Bleeds
- ☐ Problems Swallowing
- ☐ Ringing in Your Ears
- ☐ Sinusitis
- ☐ Snoring
- ☐ Thyroid Problems
  - ☐ Do you have a family history of thyroid cancer/disease?
  - ☐ Do you have a history of radiation exposure?

- ☐ Loss of Hearing
  - ☐ Have you ever used a hearing aid?
  - ☐ Do any of your family members use hearing aids?
  - ☐ Do you have any loud noise exposure?
  - ☐ Does hearing fluctuate?
  - ☐ Sudden hearing loss?
  - ☐ Do you have a family history of hearing loss?
- ☐ Dizziness/Vertigo
  When did you first notice? _____
  - ☐ Headache
  - ☐ Light Headed
  - ☐ Loss of Consciousness
  - ☐ Loss of balance when walking
  - ☐ Objects spinning or turning around you

ILLNESSES:

- ☐ Blood Clots in Legs
- ☐ Blood Clots in Lungs
- ☐ Diabetes
- ☐ Hepatitis
- ☐ Polycythemia
- ☐ HIV
- ☐ MRSA
- ☐ BPPV
- ☐ Reccurrent Ear Infections
- ☐ Allergies
- ☐ Chronic Rhinitis
- ☐ Chronic sinusitis
- ☐ Recurrent sinus infections

BRAIN INJURY

- ☐ Head contusion
- ☐ Concussion
- ☐ Stroke
- ☐ Traumatic Brain Injury
- ☐ Ischemic Blockage, TIA
- ☐ Brain hemorrage
- ☐ Brain anyuerism
- ☐ Brain infection
- ☐ Brai Surgery
- ☐ Brain Tumor
- ☐ Brain-based neurological disease
  - ☐ Dementia
  - ☐ Alzheimers
  - ☐ Parkinsons

PAST SURGERY: Have you had any of the following surgeries?

- ☐ Yes ☐ No Ear Surgery
- ☐ Yes ☐ No Nasal/Sinus Surgery
- ☐ Yes ☐ No Neck Surgery
- ☐ Yes ☐ No Throat Surgery
- ☐ Yes ☐ No Other Ear, Nose & Throat Surgery. Please describe: _____

SOCIAL HISTORY: *(0-12 years only)*

Child's grade level _____

- ☐ Yes ☐ No Does your child go to day care?
- ☐ Yes ☐ No Is your child exposed to second hand smoke?

Van Harding L.Ac.
2990 South Sepulveda Blvd Suite 310 Los Angeles, CA 90064 310-310-8096 www.vanharding.com

Name:_____ Date_____

Use the next four (4) pages to embellish upon the details of your Fatigue and Life Experiences.

Ear, Nose & Throat - Part 2

Chief Complaint - Primary Health Concern

Instructions: The Day Your ENT became disruptive to your ADL or caused significant impairment

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order starting with the morning of and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012. Then describe the following:

- where you were located when you noticed the problem (or a medical diagnosis that was given),
- how you felt and any pain and/or emotional responses
- what ADL you could not do or what bodily functions were significantly impaired
- the duration of the symptom(s) and characteristics (qualities)
- anything that seemed to make it worsen or improve it
- any observations by other people of your behavior, emotions or physical condition

Date your ENT or associated symptoms became disruptive to your ADL or caused significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 2.
Example: John_Doe_CC_ENT Part 2

Name:_____ Date_____

Ear, Nose & Throat - Part 3

Chief Complaint - Primary Health Concern

Instructions: Your Life Prior to the Day the ENT became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back to the earliest date when you noticed the ENT and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your ENT became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moving your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarceration institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date of earliest recall of ENT or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 3.
Example: John_Doe_CC_ENT Part 3

Name:_____ Date_____

Ear, Nose & Throat - Part 4

Chief Complaint - Primary Health Concern

Instructions: Your Life 1 year Prior to the Earliest Date you noticed the ENT or associated symptoms cited in Part 3.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Reflect back 1 year prior to the earliest date when you noticed the ENT and/or associated symptoms. Please identify the date. This does not have to be an exact calendar date – it can be 'mid-November 2011', or sometime in the summer of 2009, or it might be as specific as the morning of New Year's Day 2012.
- Next, list the events of your life that occurred between that earliest date of symptoms and the day your ENT became disruptive to your ADL or caused significant impairment. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Date 1 year prior to the earliest recall of the ENT or associated symptoms:

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 4.
Example: John_Doe_ENT Part 4

Name:_____ Date_____

Ear, Nose & Throat - Part 5

Chief Complaint - Primary Health Concern

Instructions: Your Symptoms and Actions since the day your ENT or associated symptoms became disruptive to your ADL or caused significant impairment cited in Part 2.

Please include what was indicated on Part 1 along with details that you were not able to include. It is not necessary to write an essay - write your story in a list format. Keep it in chronological order and write brief short statements or just a few words. Do the best you can to describe your experience and the relevance or impact.

- Describe to best of you abilities the chronological sequences of the following starting from the Day the ENT or associated symptoms became disruptive to your ADL or caused significant impairment through to today.
  Include the following:
  - changes of the symptoms over time (duration, intensity, improvements, worsening, etc)
  - the actions you have employed to treat the problem via MD, ND, DO, DC, LAc, PT and other therapists as well as home remedies. Include the diagnosis, therapies, medications and natural remedies (herbs, homeopathy, nutritional) that have been used. Include any and all improvements or worsening of the problem/condition due to any of the actions you employed.
- Include the events of your life that occurred during this tme period. These events include:
  travel in or outside the USA or Canada moved your home changing jobs marriage divorce separation pregnancy miscarriage abortion death of a friend, relative or pet financial stresses legal matters child rearing problems children leaving home for college child custody illness accidents incarcerated institutionalized natural disaster crime victim domestic violence or abuse substance abuse other
- Any observations by other people of your behavior, emotions or physical condition

Symptoms and Actions since the ENT or associated symptoms became disruptive to ADL or causative to significant impairment:

If you need to include more information, write it in a MSWord documents and title it with your name and ENT Part 5.
Example: John_Doe_ENT Part 5