Dr. Carl Swanepoel

Oor, Neus & Keel Spesialis Ear, Nose & Throat Specialist

HPCSA MP 0366056
Pr. No. 300 3620
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PATIENT INFORMATION

PATIENT NAME AND SURNAME:

WHAT IS THE PRIMARY REASON FOR YOUR VISIT?

GENDER M ☐ F ☐ AGE ☐ DATE

TAAL AFR ☐ ENG ☐

REFERRED BY?

IS THIS THE PATIENT'S FIRST VISIT? YES ☐ NO ☐

DO YOU HAVE ANY OF THE FOLLOWING: (Cross appropriate block)	YES	NO	Family history	Details
HEART DISEASE (Angina, Thrombosis, Congenital, Rheumatic Fever)	☐	☐	☐	
BLOOD PRESSURE - HIGH or LOW (If so, any treatment?)	☐	☐	☐	
ASTHMA, BRONCHITIS	☐	☐	☐	
LIVER CONDITIONS, JAUNDICE, HEPATITIS, Other	☐	☐	☐	
DIABETES	☐	☐	☐	
THYROID CONDITION (over or under active)	☐	☐	☐	
GASTRIC ULCER, HIATUS HERNIA	☐	☐	☐	
EXCESSIVE BLEEDING after extractions, injury or operations.	☐	☐	☐	
STROKES	☐	☐	☐	
EPILEPSY	☐	☐	☐	
ANY RECENT ILLNESSES e.g. cold, flu, cough.	☐	☐	☐	
BACK/NECK PROBLEMS	☐	☐	☐	
ANY OTHER ILLNESSES	☐	☐	☐	

	YES	NO	Family history	Details
DO YOU HAVE ALLERGIES FOR ANY MEDICATION?	☐	☐	☐	
ANY ALLERGIES TO INHALANTS OR INGESTANTS?	☐	☐	☐	
ARE YOU EXPOSED TO ANY CHEMICALS OR IRRITANTS?	☐	☐		
DO YOU HAVE ANY EAR PROBLEMS?	☐	☐	☐	
DO YOU HAVE ANY HEARING PROBLEMS?	☐	☐	☐	
DO YOU HAD ANY NOISE EXPOSURE? (at home or work)	☐	☐		
DO YOU HAVE ANY NOSE PROBLEMS?	☐	☐	☐	
HAVE YOU HAD ANY INJURIES TO YOUR: Head	☐	☐		
Ears	☐	☐		
Nose	☐	☐		
Throat	☐	☐		
Neck	☐	☐		
DO YOU HAVE ANY THROAT PROBLEMS?	☐	☐	☐	
DO YOU HAVE ANY VOICE OR SWALLOWING PROBLEMS?	☐	☐	☐	
DO YOU SMOKE	☐	☐		
USE OF ALCOHOL	☐	☐		

PREVIOUS OPERATIONS: (Cross appropriate block)		YES	NO	
EARS	Grommets?	☐	☐	How many times?
	Eardrum repair?	☐	☐	Which ear? Left ☐ Right ☐
	Mastoidectomie?	☐	☐	Which ear? Left ☐ Right ☐
	Other?	☐	☐	Type?
NOSE:	Sinus surgery?	☐	☐	
	Septum operations?	☐	☐	
	Sinus washout?	☐	☐	
	Adenoids removed?	☐	☐	
THROAT:	Tonsils removed?	☐	☐	
VOCAL CORDS:	Any operations?	☐	☐	
ANY OTHER OPERATIONS?				

DO YOU USE ANY MEDICATION: (Please provide a list)