

# DAVID GREENE, MD, FACS

DIPLOMATE, AMERICAN BOARD OF OTOLARYNGOLOGY  
DIPLOMATE, AMERICAN BOARD OF FACIAL PLASTIC SURGERY  
FELLOW, AMERICAN RHINOLOGIC SOCIETY

1112 Goodlette Road North #203  
Naples, FL 34102

Phone: 239-263-8444  
Fax: 239-263-6120

## REGISTRATION

### PATIENT INFORMATION

NAME: Prefix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
SEX:  Male /  Female BIRTHDATE \_\_\_\_\_ SSN # \_\_\_\_\_ Other names used \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Do you live out of town part of year?  Y /  N

### CONTACT INFORMATION

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email (Required) \_\_\_\_\_  
Address Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Preferred Method Of Communication  Cell phone /  Home phone /  Email (via patient portal) /  Mail

### INSURANCE

PRIMARY INSURANCE (Billed 1<sup>st</sup>)  Medicare (Part B),  Medicare Advantage,  BlueCross,  Allegiance,  United Health,  Cigna,  Aetna,  Humana,  Golden Rule,  Other \_\_\_\_\_  
SECONDARY INSURANCE (Billed 2<sup>nd</sup>)  Medicare,  Supplement,  AARP,  Other \_\_\_\_\_

### GUARANTOR

PATIENT RELATIONSHIP TO GUARANTOR:  Self /  Spouse /  Child /  Other \_\_\_\_\_  
Guarantor Name \_\_\_\_\_ Sex \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

### SELF-PAY

*Please notify receptionist of payment method. We accept cash, checks and all major credit cards.  
Payment is expected at time of check in.*

### PREFERRED PHARMACY

LOCAL RX:  CVS  Walgreens  Publix  Costco  Walmart  Sam's,  Other \_\_\_\_\_ Store No. \_\_\_\_\_  
Address: \_\_\_\_\_ Cross Streets: \_\_\_\_\_ Phone: \_\_\_\_\_  
MAIL ORDER RX:  Optum,  ExpressRx,  Other \_\_\_\_\_

### DEMOGRAPHICS

PREFERRED LANGUAGE:  English,  Spanish,  French,  German,  Chinese,  Other \_\_\_\_\_  
ETHNICITY/RACE:  Hispanic/Latino,  American Indian /  Alaska Native,  Asian,  Black or African American,  Native Hawaiian  Pacific Islander,  White,  N/A.

### EMERGENCY CONTACT

NAME \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
PATIENT RELATIONSHIP TO CONTACT:  Spouse /  Child /  Parent /  Friend /  Other \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# David Greene, MD

Board Certified  
Ear, Nose & Throat  
Facial Plastic & Reconstructive Surgery  
1112 Goodlette Road N.  
Naples, FL 34102 (Suite 203)  
Tel: 239-263-8444  
Fax: 239-263-6120

Patient Name _____	
Today's Date ____/____/____	
Age _____	Sex: Male / Female
Date of Birth ____/____/____	V2.15.18

## MEDICAL HISTORY QUESTIONNAIRE

Primary Care Provider \_\_\_\_\_ Referring Physician \_\_\_\_\_

VISIT TYPE:  Consultation: referred/sent to see Dr. Greene by a Doctor, or other healthcare provider.  
 New Patient Visit: came on your own.  "New Again": you saw Dr. Greene MORE THAN 3 years ago.

HOW DID YOU FIND US?  Referral,  Word of mouth,  Internet,  Newspaper,  Website,  Healthgrades,  Vitals,  Other \_\_\_\_\_

CHIEF COMPLAINT: (MAIN reason for today's visit): \_\_\_\_\_

### HISTORY OF THE PRESENT ILLNESS:

Location: (where ?): Both sides / Left / Right \_\_\_\_\_

Duration: (how long?) \_\_\_\_\_

Severity:  mild,  moderate,  mod-severe,  severe,  fluctuates,  other: \_\_\_\_\_

Timing:  chronic (constant / most of the time),  acute,  sudden onset,  recurrent,  episodic,  comes and goes.

Context: (what brings it? What makes it worse?) \_\_\_\_\_

Treatment: Have you been evaluated or treated for this before? Yes / No \_\_\_\_\_

Have you seen a prior ENT doctor for this before? Yes / No \_\_\_\_\_

### OTHER EAR, NOSE, THROAT ISSUES:

Ear/Hearing: \_\_\_\_\_

Nose/Sinus: \_\_\_\_\_

Throat: \_\_\_\_\_

ENT SURGERY:  I never had any ENT surgery or procedures. Tonsillectomy, Adenoid, Septoplasty, Turbinate surgery, Ear tubes, Sinus surgery, Broken nose repair, Polyp removal, Rhinoplasty, Thyroid surgery, Salivary gland removal, Ear surgery, Vocal cord growth removal, Facial fracture repair, Snoring surgery, Apnea surgery, Throat cancer removal, Tongue cancer removal, Eyelid surgery.

OTHER ENT surgery: \_\_\_\_\_

ALLERGIES TO MEDICATIONS  NO allergies to meds

Allergic to: (Circle all that apply) Penicillin, Sulfa, Erythromycin, Levaquin, Cipro, Neomycin, Iodine, Aspirin, Dye/Contrast, Other ear drops, Tape, Adhesive, Latex, Ibuprofen, other NSAIDs, Reaction to general anesthesia.

OTHER: \_\_\_\_\_

MEDICATIONS & SUPPLEMENTS  I do not take ANY medications or supplements.

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

### PFSH (PAST MEDICAL, FAMILY, & SOCIAL HISTORY)

Please fill out the following questions. **This is required by your insurer and the government for your coverage.** In each area, if you never had any problems in the category, then please check "No Problems." If you ever had any of the problems for the listed category, **PLEASE CHECK/CIRCLE ALL THAT APPLY**, or explain any that are not listed. If you have any questions about this, please ask one our nurses, staff, or your doctor.

PAST MEDICAL HISTORY  I never had any medical problems.

High blood pressure/HTN, Heart problems, A-Fib, Blockage of heart vessels, Coronary artery disease, Heart attack, Heart valve problems, Low ejection fraction, Diabetes, Thyroid problems, Kidney problems, Kidney failure, Dialysis, Hepatitis, Liver disease, Asthma, COPD, Emphysema, Pneumonia, Bronchitis, Reflux, GERD, Blood clots, Stroke, Osteoporosis, Osteopenia, Autoimmune disease, Arthritis, Spine problems, Accidents, Falls, Cancer,

OTHER: \_\_\_\_\_

**SURGERY & PROCEDURES**

I never had surgery or any procedures.

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Heart surgery, Stents, CABG, Vascular surgery (to open blood vessels), Gall bladder, Appendectomy, Cataracts, Weight loss surgery, Reflux surgery, Upper endoscopy, Colonoscopy, Stricture dilation ("stretched out"), Joint replacement, Fracture repair, Radiation therapy, Chemotherapy.

OTHER: \_\_\_\_\_

**HOSPITALIZATIONS**

I was NEVER hospitalized.

Please list: \_\_\_\_\_

**SOCIAL HISTORY** (Circle what applies best).

**Tobacco**  Never smoker, Former smoker (when quit? \_\_\_\_\_), Current every day smoker, Heavy Smoker, Current some day smoker, Light smoker. #Packs/day: \_\_\_\_\_ x #Years smoked \_\_\_\_\_

**Alcohol** Never drank, Former drinker (when quit? \_\_\_\_\_), Current every day drinker, Heavy drinker, Social alcohol,  Light alcohol use. #Drinks/week: \_\_\_\_\_

**Other Drugs:** \_\_\_\_\_

**FAMILY HISTORY**

Do any "blood" relatives have these problems? Circle all that apply: Sinus problems, Allergies, Hearing Loss, Snoring, Sleep apnea, Reflux, Heart problems, Cancer, Asthma, Stroke, Bad reaction to general anesthesia, OTHER \_\_\_\_\_

**Circle and match to the family members who have the above problems.**

Father,  Mother,  Brother,  Sister,  Grandfather,  Grandmother,  Son,  Daughter,  Other \_\_\_\_\_

**REVIEW OF SYSTEMS**

*Please fill out the following review of systems. This is required by your insurer, and the government for your coverage. In each area, if you are not having any difficulties, please check "No Problems." If you have had any of the symptoms listed, PLEASE CIRCLE ALL THAT APPLY.*

- **Const. (Health in General)**  No Problems Fever, chills, fatigue, lack of energy, weight gain, loss of appetite, night sweats. Other: \_\_\_\_\_
- **Ears, Nose, Mouth & Throat**  No Problems Ear problems, sinus problems, nasal problems, congestion difficulty with hearing, runny nose, post-nasal drip, ringing in ears, mouth sores, throat problems, nosebleeds, sore throat, facial pain, swollen glands, neck lump, ear wax clogging, ear pain. Other: \_\_\_\_\_
- **C-V (Heart & Blood Vessels)**  No Problems Chest pain, irregular heartbeat, racing heart, palpitations.
- **Resp. (Lungs & Breathing)**  No Problems Shortness of breath, cough, wheezing, phlegm, sleep apnea, snoring, poor quality sleep, prior tuberculosis, oxygen at home, abnormal chest x-ray. Other: \_\_\_\_\_
- **GI (Stomach & Intestines)**  No Problems Heartburn, difficulty swallowing, indigestion, nausea \_\_\_\_\_
- **GU (Kidney & Bladder)**  No Problems Kidney failure, kidney transplant, dialysis, prostate problems.
- **MS (Muscles, Bones, Joints)**  No Problems Neck pain, jaw joint pain, back pain, arthritis, Use of: cane, walker, wheelchair, need assistance when walking. Other: \_\_\_\_\_
- **Integ. (Skin, Subcutaneous)**  No Problems Skin lesion, skin cancer, neck lump, cysts, scarring.
- **Neurologic (Brain & Nerves)**  No Problems Headaches, dizziness, lightheadedness, imbalance, loss of memory, problems walking, balance problems, falls, Other: \_\_\_\_\_
- **Psychiatric (Mood & Thinking)**  No Problems Anxiety, insomnia, irritability, depression, mood swings.
- **Endocrinologic (Glands)**  No Problems Thyroid lump, intolerance to heat or cold, high sugars.
- **Hematologic (Blood/Lymph)**  No Problems Easy bleeding, easy bruising, on blood thinners, anemia.
- **Allergic/Immunologic**  No Problems Seasonal allergies, frequent infections, low immunity, HIV.
- **Other Problems, Symptoms, Signs:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_