Mat-Su Ear, Nose, Throat
& Facial Plastics

(907) 745-9200
www.matsuent.com

2490 S. Woodworth Loop
Suite 201
Palmer, Alaska 99645

MEDICAL SOCIAL HISTORY

Marital Status _____

Hobbies _____

Job History: (Please list all occupations especially those where there is risk of exposure to toxic chemicals or gases)

_____

_____

If student what school do you attend? _____

Do you smoke? Never Have No Date quit _____ Yes If yes, _____pack/day for how long?

Do you drink alcohol? No Date quit _____ Yes Amount _____

Highest grade completed: High School _____ College _____ Graduate school _____

Family History: Please list significant medical illness of your parents and siblings. If deceased, indicate age at death and cause of death.

Father _____

Mother _____

Sibling _____

Sibling _____

Is there anything else you wish Dr. Pulliam to know about your health or medical history?

I give permission for Dr. Pulliam to examine me or the child for whom I am legal guardian as would be necessary in the course of my/our treatment.

Signature _____ **Date** _____ **Relationship** _____

Reviewed by _____ **Date** _____ **Relationship** _____

Updated _____ **Date** _____