



SHAWN S. NASSERI, MD, INC.  
DIPLOMATE, AMERICAN BOARD OF OTOLARYNGOLOGY

**PATIENT SELF ASSESSMENT**

**Name** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_ / **LATEX : YES NO**

**MEDICATIONS**(List all including aspirin, natural herb supplements, diet pills)

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List previous **SURGERIES/PROCEDURES** (including childhood):

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**PAST OR PRESENT HEALTH HISTORY** (Circle Yes or No):

High Blood Pressure	Yes	No	Arthritis	Yes	No
Stroke	Yes	No	Headaches	Yes	No
Smoking	Yes	No	Thyroid Disease	Yes	No
Lung Disease	Yes	No	Past Anesthesia	Yes	No
Diabetes	Yes	No	Pacemaker/Implant	Yes	No
Heart Disease	Yes	No	Bleeding Disorder	Yes	No
Mitral Valve Prolapse	Yes	No	Seizure Disorder	Yes	No
Liver Disease	Yes	No	Glaucoma	Yes	No
Kidney Disease	Yes	No	Cancer	Yes	No
Pregnant	Yes	No			

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**Pharmacy Number** \_\_\_\_\_