DR. GREGORY DUPLECHAIN, M.D.
BOARD CERTIFIED OTOLARYNGOLOGIST

MEDICAL HISTORY

Please check all boxes that apply

Name____ DOB_______________________________

PAST MEDICAL HISTORY

□ Allergic Rhinitis
□ Angina Pectoris (Chest Pains)
□ Anxiety Disorder, Generalized
□ Arthritis
□ Asthma
□ Atrial Fibrillation
□ Benign Essential Hypertension
□ Bronchitis
□ Cancer, Type______________
□ Cardiac Arrhythmia
□ Cataract
□ Cerebrovascular Accident (Stroke)
□ Congestive Heart Failure
□ COPD
□ Coronary Artery Disease
□ Depression
□ Diabetes Mellitus, Insulin
□ Diabetes Mellitus, Non-Insulin
□ Gastroesphageal Reflux (Acid Reflux)
□ Glaucoma
□ Headache
□ Heart Murmur
□ Hiatal Hernia
□ High Cholesterol
□ Hyperthyroidism
□ Hypothyroidism
□ Migraine
□ Myalgia (Muscle Pain)
□ Neck Mass
□ Obesity
□ Obstructive Sleep Apnea
□ Osteoporosis
□ Otitis Media, Chronic
□ Pneumonia
□ Prostate Disorder
□ Renal Failure
□ Rheumatoid Arthritis
□ Seizure Disorder
□ Sinusitis, Chronic
□ Thyroid Nodule
□ Other______________

PAST SURGICAL HISTORY (LIST and provide DATES of surgeries)

□__________________________ □__________________________ □__________________________
□__________________________ □__________________________ □__________________________
□__________________________ □__________________________ □__________________________

FAMILY MEDICAL HISTORY

Use **M** for Mother, **F** for Father, **S** for Siblings, **MGM**, **MGF**, **PGM**, **PGF** for maternal / paternal grandmother / father

□ Allergic Rhinitis
□ Angina Pectoris (Chest Pains)
□ Anxiety Disorder, Generalized
□ Arthritis
□ Asthma
□ Atrial Fibrillation
□ Benign Essential Hypertension
□ Bleeding Disorders
□ Cancer, Type______________
□ Cardiac Arrhythmia
□ Cataract
□ Cerebrovascular Accident (Stroke)
□Congestive Heart Failure
□COPD
□ Coronary Artery Disease
□ Depression
□ Diabetes Mellitus, Insulin
□ Diabetes Mellitus, Non-Insulin
□ Gastroesphageal Reflux (Acid Reflux)
□ Glaucoma
□ Headache
□ Hearing Loss
□ Heart Murmur
□ Hiatal Hernia
□ High Cholesterol
□ Hyperthyroidism
□ Hypothyroidism
□ Migraine
□ Myalgia (Muscle Pain)
□ Neck Mass
□ Obesity
□ Obstructive Sleep Apnea
□ Osteoporosis
□ Otitis Media, Chronic
□ Pneumonia
□ Prostate Disorder
□ Renal Failure
□ Rheumatoid Arthritis
□ Seizure Disorder
□ Sickle Cell Disease
□ Sinusitis, Chronic
□ Thyroid Nodule
□ Other______________

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SUITE 260
LAFAYETTE, LA 70508
(337) 456-1106

Dr. Gregory Duplechain, M.D.
Board Certified Otolaryngologist

SOCIAL HISTORY

Please check all boxes that apply

Do you use/smoke Tobacco?

□ Yes
□ No
□ Quit- at what age? _______

□ Cigarettes
How many packs per day?
□ <1/2
□ 1/2 – 1
□ 1 – 1 ½
□ 1 ½ - 2
□ >2

□ Cigars
□ Pipe
□ Dip/Chew
□ Other___________________

Do you drink alcohol?

□ Yes
□ No
Begin at what age? ________
Quit at what age? _________

□ Beer
□ Wine
□ Liquor

How Often?
□ On occasion
□ Rarely
□ Days per week_____________

How Much?
□ Socially
□ Moderately
□ Heavily

Do you take illicit drugs?

□ Yes
□ No

□ Marijuana
□ Cocaine
□ Methamphetamines
□ Others ____

Reason for Visit Today:

____

Allergies to Medications:

____

Current Medications:

____

____

____

Name of Referring Physician: ____

How did you hear about us? ____

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