



**Riviera ENT**  
 1819 State St, Ste A  
 Santa Barbara CA, 93101  
 Phone:(805)327-6673  
 Fax:(805)679-5183

**RIVIERA ENT**

**RETURN PATIENT UPDATE FORM**

Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Since the last visit with us, have there been any changes to the following:

- Address  Email  Medications  Medical conditions  Emergency contacts  Primary doctor  
 Phone  Insurance  Allergies  Surgeries  Employment  **NO CHANGES**

If yes, please indicate here:

---



---

What brings you in today?  Routine follow up  Postoperative care  New problem

---



---

**REVIEW OF SYSTEMS:** Please mark where applicable what are **CURRENT ACTIVE** problems:

If there have been no changes from last visit, check here

**General health problems**

- Fatigue  
 Fever  
 Night sweats  
 Weight loss  
 Weight gain  
 Active cold or flu- if yes  
*ALERT US TO GET A MASK*

**Nose & Sinus problems**

- Congestion  
 Facial pain  
 Mouth breathing  
 Nose bleeds  
 Sneezing  
 Runny nose  
 Post-nasal drainage

**Lung or respiratory problems**

- Cough  
 Shortness of breath  
 Wheezing

**Glands & Hormone problems**

- Heat intolerance  
 Cold intolerance  
 Neck enlargement/goiter

**Musculoskeletal:**

- Leg pain

**Blood or Lymph nodes problems**

- Easy bleeding  
 Easy bruising

**Eye problems**

- Double vision  
 Itchy eyes  
 Redness

**Mouth & Throat problems**

- Difficulty swallowing  
 Sleep apnea  
 Snoring  
 Sore throat  
 Hoarseness  
 Sores/ulcers in Mouth

**Stomach problems**

- Abdominal Pain  
 Constipation  
 Diarrhea  
 Heartburn  
 Nausea  
 Vomiting

**Allergy problems**

- Food allergies  
 Bee sting allergies  
 Environmental allergies  
 Urticaria / hives

**Ear problems**

- Drainage  
 Hearing loss  
 Infections  
 Dizziness (off-balance)  
 Vertigo (spinning)  
 Itchiness  
 Ear pain or pressure  
 Tinnitus /noise in ears

**Heart or circulation problems**

- Heart murmur  
 Chest pain  
 Swelling of ankles  
 Blacking out  
 Irregular heartbeat/  
 palpitations

**Brain or Nervous system problems**

- Headache  
 Seizures  
 Focal Weakness  
 Numbness

**Skin**

- Itchy Skin/ pruritis  
 Rash  
 Contact allergy

**Other concerns:**

- 

Responsible Party Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_