Pre-ENT Examination Checklist

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

Checklist:

- Patient Medical History Reviewed
- Current Medications Listed
- Allergies Documented
- Vital Signs Taken
- Ear Examination Completed
- Throat Examination Completed
- Nose Examination Completed
- Relevant Imaging Reviewed
- Previous ENT Consultations Noted
- Referral Notes Collected

Physician Signature: _____

Contact Information: **[Insert Contact Info]**