

**PLEASE COMPLETE THIS FORM BEFORE YOUR VISIT**

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_ (adult's) email \_\_\_\_\_

Who suggested you see us? \_\_\_\_\_ Today's date \_\_\_\_\_

**What is the Major Reason you are seeing the doctor?** \_\_\_\_\_

**WHAT PROBLEMS DO YOU HAVE AND BRIEF DESCRIPTION?** (write in this space)

- \_\_\_ Asthma
- \_\_\_ Rhinitis/Sinus problems
- \_\_\_ Hives
- \_\_\_ Swelling (Angioedema)
- \_\_\_ Eczema
- \_\_\_ Rash
- \_\_\_ Frequently sick
- \_\_\_ Food Allergy
- \_\_\_ Drug Allergy
- \_\_\_ Allergic Reaction
- \_\_\_ Other \_\_\_\_\_

**circle/check all that apply**

**SEASON:** (if applicable): Spring, Summer, Fall, Winter, all year round

**TRIGGERS:** cats, dogs, mold, dust, aspirin, ibuprofen, specific foods: \_\_\_\_\_ swimming, exercise, sweating, hot showers, cold temperatures, nerves, anxiety, depression, other

**PAST MEDICAL HISTORY**

*if infant or toddler*, did s/he have any newborn problems? \_\_\_\_\_ Ever nebulized? \_\_\_\_\_

Medical problems or conditions requiring prolonged treatment: \_\_\_\_\_

Pneumonia \_\_\_ Bronchitis/Bronchiolitis \_\_\_ Acid Reflux \_\_\_ Hypertension \_\_\_ Glaucoma \_\_\_ HIV \_\_\_ Hepatitis B/C

Emergency room visits & reason: \_\_\_\_\_

Hospitalizations (and reason): \_\_\_\_\_

Major Surgeries: \_\_\_\_\_

Motor-Vehicle Accident \_\_\_\_\_ Blood transfusion \_\_\_\_\_ Accidental needle stick \_\_\_\_\_

**ALLERGY HISTORY**

**Food allergy:** milk, egg, nuts, peanut, shellfish, banana, kiwi, avocado, celery, chestnut, other: \_\_\_\_\_

**Drug allergy:** \_\_\_\_\_ Anesthesia Allergy \_\_\_\_\_ Contrast **Dye Allergy** (during CT, MRI) \_\_\_\_\_

**Bee/wasp sting allergy:** large swelling where stung \_\_\_ hives, swelling of the tongue or throat, troubles breathing, passing out \_\_\_\_\_

**Latex Allergy:**

Do band-aids, rubber bands, rubber gloves/powder, balloons, condoms cause a rash, itching at the site, hives, swelling, sneezing, throat swelling, or wheezing? \_\_\_\_\_

Has a Dental, Pelvic or Internal Exam caused: swelling, throat swelling, wheezing, or hives? \_\_\_\_\_

Does patient have an **EpiPen**? \_\_\_\_\_

Previous allergy testing/when? \_\_\_\_\_ Has patient ever had allergy shots? Yes/No Did they help? \_\_\_\_\_

Has the patient ever had a bad reaction to an allergy test or allergy shot \_\_\_\_\_

**PREVIOUS TESTS** (if applicable):

Chest Xray (date) \_\_\_\_\_ Sinus Xray /CAT Scan (date) \_\_\_\_\_ Breathing Test (Pulmonary Function Test) (date) \_\_\_\_\_

Sweat Test (date) \_\_\_\_\_ Other \_\_\_\_\_

**Immunization status** up to date: Yes/No Any bad reactions to immunizations? Yes/No \_\_\_ explain \_\_\_\_\_

Has patient received: Pneumonia vaccine: Yes/No Influenza vaccine this season: Yes/No

**FAMILY HISTORY**

Does any close relative (other than the patient) have any of the following: Angioedema (sudden swelling of body parts), Asthma, Allergies, Eczema, Cystic Fibrosis of the Lungs, Bee Sting Allergy, Bronchitis, Emphysema, Recurrent pneumonia, Immune Deficiency, AIDS/HIV, Hepatitis B/C, Crib death, Infant/toddler death, Medically related death under the age of 50, rare genetic disorder

**If patient is a minor:**

who cares for child? \_\_\_\_\_ shared custody? \_\_\_\_\_ number of people who live in home? \_\_\_\_\_

Is s/he in **daycare/preschool**? \_\_\_\_\_ **Days missed from school past 12 months from sickness:** \_\_\_\_\_

Does **babysitter** have pets or smoke? \_\_\_\_\_

**SMOKING:** Current \_\_\_ Amount \_\_\_\_\_ In the Past? \_\_\_ When did patient quit \_\_\_\_\_ Numbers of years smoking? \_\_\_\_\_

Drug/Alcohol Use: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**circle/check all that apply**

**ENVIRONMENTAL HISTORY**

**Current/Recent Pets:** List type pet and years you've owned each: \_\_\_\_\_ **Smokers** in the house \_\_\_\_\_

house apartment farmhouse; approximate age of residence \_\_\_\_\_ length of occupancy \_\_\_\_\_

Proximity to refinery, landfill, factory etc.? \_\_\_\_\_

heat: forced-air radiator woodburning stove fireplace kerosene

air condition: central window; humidifier: central separate units

basement: dry damp musty seepage flooding

bedroom: floor carpet hard wood; boxspring with mattress waterbed feather pillow

Infestation/pests: roaches mice/rats other: \_\_\_\_\_ Has this required exterminating \_\_\_\_\_

**Current occupation** (adult): \_\_\_\_\_ **hobbies or occupation exposure:** chemicals, strong fumes, organic dusts, animals,

**Allergy or Asthma medicines**

**what works** \_\_\_\_\_

**what doesn't** \_\_\_\_\_

**do antibiotics, steroids (prednisone, cortisone injections) help?**

List all **other current medicines** prescribed, over the counter, supplements, vitamins and herbals

**REVIEW OF SYSTEMS:** please **circle** if patient has had any of the following in the past 6-12 months:

**Constitutional:** unexplained weight loss, weight gain, fever, fatigue

**Head:** severe headache, migraine, head injuries, loss of consciousness

**Ophth:** visual changes, itchy eyes, watery eyes, conjunctivitis

**ENT:** poor sense of smell, hearing, taste, balance, speech impairment; hay fever, nose: rubbing, itching, runny, nosebleeds, sneezing fits, nose polyps, bad breath, frequent colds, sore throats, pharyngitis, strep throat, ear infections or tubes, tonsillitis, dizziness, sinusitis, sinus headaches, snoring, sleep apnea, voice changes

**Pulmonary:** shortness of breath, cough, wheeze, colored mucous, coughing blood, pus or mucous; asthma, bronchitis, chest colds, pleurisy, pneumonia, emphysema, asbestosis, lung cancer

**Cardiac:** murmur, irreg. heart, palpitations, fainting, turning blue, edema, cold extremities

**GI:** vomiting, trouble swallowing, heartburn, reflux, colic, diarrhea,

**GU:** frequent urination, nephritis, VD, sexually transmitted diseases

**Endocrine:** thyroid, heat or cold intolerance, excess thirst

**Heme/Onc/Lymph:** anemia, lymph node problems, easy bleeding or bruising

**Infectious:** frequent impetigo, Lyme disease, CMV, AIDS/HIV, hepatitis

**Nervous Syst:** convulsions, paralysis, ADHD (hyperactivity), learning disability

**Skin:** unexplained or prolonged itch, hives, eczema, hand eczema, severe poison ivy, swelling

**Psychiatric:** panic disorder, anxiety, nervous breakdowns, depression

Explain the above: \_\_\_\_\_