

Patient's name \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age \_\_\_\_\_

For what sorts of problem are you consulting the doctor for today?

\_\_\_\_\_  
\_\_\_\_\_

When did your condition begin? \_\_\_\_\_ Have you seen an allergist before? Yes / No Who? \_\_\_\_\_ When? \_\_\_\_\_  
Were skin tests done? Yes / No Did you receive allergy shots? \_\_\_\_\_

What other medical or emotional problems are you being treated for?

\_\_\_\_\_  
\_\_\_\_\_

What surgeries have you had? \_\_\_\_\_

What medications do you take? \_\_\_\_\_

Do you have any drug allergies? \_\_\_\_\_

Do you have HIV or AIDS, Hepatitis B, Hepatitis C, or any other blood transmitted disorders? \_\_\_\_\_

What is your profession? \_\_\_\_\_ Marital status? \_\_\_\_\_ Did you ever smoke? Yes / No Do you still smoke? Yes / No  
Number of years smoked \_\_\_\_\_ Year quit \_\_\_\_\_ Are you exposed to second hand smoke? Yes / No How much alcohol do you  
drink? \_\_\_\_\_ Other drugs? \_\_\_\_\_

Family history of food allergies, allergic rhinitis, asthma? \_\_\_\_\_

Do you live in: house, apartment, trailer Year built? \_\_\_\_\_ BASEMENT? None / Damp / Dry What kind of heat do you  
have? \_\_\_\_\_ Type of air conditioning? \_\_\_\_\_ Do you have pets? \_\_\_\_\_ What kind of pets do you have?  
\_\_\_\_\_ Is your bedroom tile, hardwood, carpet? \_\_\_\_\_ Dust mite covers? yes / No

**Do you have any of the following problems? Please circle all that apply**

Constitutional: anorexia, chills, fatigue, fevers, malaise, sweats, weight loss

ENT: ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia (trouble swallowing)

Eyes: blurring, diplopia (double vision), discharge, eye pain, irritation, photophobia, vision loss

Respiratory: cough, dyspnea (shortness of breath), excessive sputum, hemoptysis (cough up blood), wheezing

GI: abdominal pain, change in bowel habits, constipation, diarrhea, hematochezia (blood in stool), jaundice, melena (dark black tarry stool), nausea, vomiting

Cardiovascular: chest pains, palpitations, syncope, orthopnea (trouble breathing when sleeping flat), peripheral edema

Genitourinary: pain on urination, blood in urine, incontinence

Musculoskeletal: arthritis, back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness

Skin/Integumentary: dryness, itching, rash, suspicious lesions

Neurological: paresthesias, seizures, syncope, transient paralysis, tremors, vertigo, weakness

Psychiatric: depression, anxiety, hallucinations, mental disturbance, paranoia, suicidal ideation

**I authorize that the information on this page is true to the best of my knowledge.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_