

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? _____
Where 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** _____