ALLERGY ASTHMA & IMMUNOLOGY ASSOCIATES, LTD

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Name: **DOB:** **Date**

Please check which symptoms you currently have or experience frequently:

- □ High Blood Pressure (Hypertension)
- □ Diabetes Mellitus
- □ Congestive Heart Failure
- □ Cancer- What Type? _____
- □ Asthma
- □ Glaucoma
- □ High cholesterol (Hyperlipidemia)
- □ Hyperthyroidism
- □ Hypothyroidism
- □ Cardiac Disease/ Heart Attack
- □ Kidney Disease
- □ Benign Prostatic Hypertrophy
- □ GERD
- □ Other_____

GENERAL

- □ Fevers
- □ Normal appetite
- □ Decrease in appetite
- □ Feeling tired (Fatigue)
- □ Recent Weight Loss (_____ lbs)
- □ Recent Weight Gain (_____ lbs)

HEAD/ENT

- □ Spinning/ dizziness (Vertigo)
- □ ringing in the ears (Tinnitus)
- □ Sense of smell decreased
- □ Loss of hearing
- □ Stuffy Nose
- □ Post nasal drip/ drainage
- □ Nasal Discharge
  - □ Watery □Yellow □ Blood Tinged
- □ Nosebleeds (Epistaxis)
- □ Sinus Pain
- □ Sneezing
- □ Headaches

____Daily ____Weekly ____Monthly

Neck

- □ Swollen lymph nodes
- □ Neck stiffness

EYES

- □ worsening vision
- □ Blurry vision
- □ Watery eyes
- □ Mucous discharge from eyes
- □ Eye sensitivity to light (Photophobia)
- □ Red eyes

NEUROLOGICAL

- □ Loss of Consciousness
- □ Restless leg Syndrome
- □ numbness/ tingling
- □ confusion

SKIN

- □ Itching (Pruritus)
- □ Dry skin
- □ Cracking of skin
- □ Skin lesion

CARDIOVASCULAR

- □ Chest pain or discomfort
- □ Palpitations
- □ Leg pain with exercise (Claudication)
- □ General edema (swelling)

Name: **DOB:** **Date**

Please check which symptoms currently have or experience frequently:

RESPIRATORY

□ Shortness of breath
□ Difficulty breathing during exertion
(Exercise, cleaning house, unloading dishwasher etc)

□ Wheezing occurs only with exercise
□ Wheezing
□ Cough
□ Chest tightness or heavy pressure
□Awakening at night short of breath

MUSCULOSKELETAL

□ Limited range of motion in extremities
□ Non-specific pain, swelling, or stiffness of joints

GASTROINTESTINAL

□ Heartburn
□ Difficulty swallowing (Dysphagia)
□ Nausea
□ Vomiting
□ Diarrhea
□ Constipation
□ Abdominal Pain

PSYCHOLOGICAL

□ Depression
□ Anxiety
□ Insomnia

GENITOURINARY

□ Pain during urination (Dysuria)
□ Blood in urine
□ Feelings of urinary urgency
□ Urinary frequency
□ Urinary loss of control
□ Urinary frequency more than 2times at night

Endocrine

□ Excessive thirst
□ Temperature intolerance

Gynecological

□ Currently Pregnant

EXPOSURE

□ Recent contact with poison ivy/oak
□ Stung by a bee or wasp
□ Recent exposure to animals

Did you have an adverse reaction to any of the above? □ No □ Yes

If yes, please describe:_____

_____

_____

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INFECTION HISTORY

□ Multiple antibiotic courses in the last 12 months
□ Recurrent respiratory infections
□ Recurrent bacterial infections
□ Recurrent ear infections during childhood

Name: **DOB:** **Date**

SOCIAL HISTORY

SMOKING STATUS (13 years and older)

□ Current every day smoker
□ Current some day smoker
□ Former smoker
□ Never smoked
□ Smoker, current status unknown
□ Unknown if ever smoked

ALCOHOL USE

□ No alcohol consumption
□ Social Drinker
□ Alcohol use: 3 or more drinks/day

ILLICIT DRUG USE

□ Yes □ No

EMPLOYMENT HISTORY

□ Employed Where do you work? _____
□ Unemployed
□ Retired
□ Student

Marital History

□ Married
□ Single
□ Partner

FAMILY HISTORY

Father □ Alive
□ Deceased at age____from_____

Mother □ Alive
□ Deceased at age____ from _____

Siblings Born_____ Alive_____

Children Living_____Deceased_____

□ Family history of heart disease?
□ Family history of cancer?
□ Family history of allergies?
□ Environmental
□Food
□Insects

SURGICAL HISTORY

Please list any major surgeries:

Surgery	Year

Name: **DOB:** **Date**

Please list all medications you are currently taking including over the counter medications:

Medication	Dosage	Frequency (ex: daily, morning and night)	Reason Prescribed

Do you have any medication allergies? □ Yes □ No

If "Yes", please list medication and reaction below

Medication **Reaction**

Do you have any food allergies? □ Yes □ No

If "Yes", please list food and reaction below

Food **Reaction**