ALLERGY AND ASTHMA ASSOCIATES

PEDIATRIC & ADULT ALLERGY, CLINICAL IMMUNOLOGY

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MEDICAL INFORMATION

Name _____ **Comp #** _____

Referring Physician _____ **Date** _____

COMPLAINTS: ___ None ___ Wheezing ___ Cough ___ Sneezing ___ Hives ___ Eczema___ Nasal Blockage
___ Postnasal Drip ___ Nasal Discharge ___ Headaches ___ Croup ___ Colic ___ Diarrhea
___ G.I. Upset ___ Sinus Infection ___ Eyes Redness ___ Itchy Eyes ___ Skin Rashes
___ Ear Infection ___ Poor Hearing ___ Blocked Ears ___ Rec. Infections ___ Rec. Sore Throat
___ Rec. URI ___ Swelling from insects ___ Fatigue ___ Loss of smell/taste ___ Food Allergy

SEASONS: ___ Fall ___ Spring ___ Spring and Fall ___ All Year ___ All Year, more seasonal

FAMILY HISTORY OF ALLERGY: ___ NO ___ YES

RELATED TRIGGERS: ___ None ___ Change of weather ___ Dampness ___ Hot Weather ___ Cold Weather
___ Exposure to Dust ___ Exposure to Smoke ___ Exposure to Paint Odors ___ Exercise
___ Exposure to Cosmetic/Perfumes ___ Sprays ___ Animals ___ Colds (URI)

ALLERGIC TO MEDICATIONS: ___ Penicillin ___ Mycin ___ Sulfa ___ others (list): _____

ALLERGIC TO FOOD: List _____

ENVIRONMENTAL FACTORS: Type of house: ___Frame ___ Brick Age of house (yrs).___ Other _____
Heating system: ___ Gas forced air ___ Hot water ___ Steam ___ Space heater
Air conditioning: ___ Central ___ Window units ___ None. Mildew ___ Yes ___ No

Bedroom (yours) **Pillow(s):** Age ___ years. Type: ___ Feather ___ Foam rubber ___ Polyester.
Window coverings: ___ Washable curtains ___ Un-washable curtains or drapes ___ Blinds
Floors: ___ Carpet ___ Tile ___ Wood ___ Linoleum
Beds and bedding: ___ Down comforters, quilts ___ Chenille bedspreads.

Children's Room: ___ Stuffed animals

Basement: ___ Dry ___ Damp ___ Finished ___ None ___ Visible mildew
Place of work: **Location** _____ Worse symptoms there? ___Yes ___ No

MOLD: Do you have worse symptoms after exposure to the following?

Hay ___ Yes ___ No	Raking leaves ___Yes ___ No
Damp basements ___Yes ___ No	Cutting grass ___ Yes ___ No
Drinking beer ___ Yes ___ No	Eating cheese ___ Yes ___ No
Drinking wine ___ Yes ___ No	Eating Mushrooms ___Yes ___ No

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DANDERS: What and how many pets do you have? ___ Cat(s) ___ Dog(s) ___ Parakeet(s) ___ Canaries
___ Horse ___ Hamsters Others: _____

MISCELLANEOUS: Do you have worse symptoms after exposure to the following?
___ Cosmetics ___ Perfumes ___ Wave sets ___ Chemicals ___ Cotton lint
___ Newspaper ___ Dentrifices ___ Insecticides ___ Paint ___ Varnish ___ Wool

DRUGS: Have you ever had an adverse reaction to any Medication or Drugs:
List: _____

PHYSICAL AGENTS: Do you have worse symptoms after exposure to the following:
Heat ___ Yes ___ No Cold ___ Yes ___ No
Drafts & Wind ___ Yes ___ No Sunlight ___ Yes ___ No
Weather changes ___ Yes ___ No Air conditioning ___ Yes ___ No

HABITS: Smoking: ___ packs of cigarettes per day. ___ Cigars per day ___ How many years _____
Drinking: ___ bottles of beer per week. ___ other alcoholic drinks per week.
___ no alcoholic drinks.

IMMUNIZATION: Adverse reaction ___ Yes ___ No
If Yes which one(s): _____

RASHES FROM CONTACTANTS:
___ Poison ivy ___ Yes ___ Never ___ Poison oak ___ Yes ___ Never
___ Work ___ Yes ___ Never ___ Ointments ___ Yes ___ Never
___ Cosmetics ___ Yes ___ Never ___ Clothing ___ Yes ___ Never
___ Metals ___ Yes ___ Never ___ Hobbies ___ Yes ___ Never
___ Household agents ___ Yes ___ Never ___ Artificial nails ___Yes ___ Never

PSYCHOLOGICAL FACTORS:
___ Financial problems: Yes ___ Rate on a scale from 1-10 (1 the lowest 10 the highest)
___ Nervous tension: Yes ___ Rate on a scale from 1-10 (1 the lowest 10 the highest)
___ Work adjustment: Yes ___ Rate on a scale from 1-10 (1 the lowest 10 the highest)
___ School adjustment: Yes ___ Rate on a scale from 1-10 (1 the lowest 10 the highest)
___ Marital adjustment: Yes ___ Rate on a scale from 1-10 (1 the lowest 10 the highest)

INSECT STINGS: Have you ever had an unusual reaction from an insect sting or bites? ____ Yes ___ No
Type of insect _____
Type of reaction _____

Is there other pertinent information about exposure to environmental allergens that you can give us?

_____

_____