



ALLERGY, ASTHMA & IMMUNOLOGY CENTER

Patient Name: _____ Date of Birth: ____/____/____

What is your main concern today? _____

Were you referred? No Yes: by whom? _____

Name of your pharmacy: _____ Pharmacy Address: _____

List Current Medications, including "as needed" meds, over-the-counter, supplements, and topical (skin) medications:

Have you taken any antihistamines (Benadryl, Claritin, Zyrtec, Allegra, hydroxyzine, Xyzal, etc.) in the last 7 days? No Yes

Do you have any history of allergies to any medications? No Yes (please fill out below)

Table with 4 columns: Name of medication, Type of reaction, Date (year) reaction occurred, Have you taken since?

Please list all major medical problems you have now, or have had in the past (check box if problem is ongoing):

_____ _____ _____
 _____ _____ _____
 _____ _____ _____
 _____ _____ _____

Please list all surgeries: _____

Do any listed Family members have cancer, diabetes, or hypertension (high blood pressure)? I am adopted

Table with 5 columns: Family Member, Cancer? (which type)?, Diabetes? (Type I or II)?, High Blood Pressure?, If deceased, cause of death?

-Have you ever used tobacco products? No Yes: circle which types? (cigarettes, cigars, dip, pipe)

Use per day: _____ Years used: _____ Current user? No, quit date: _____ Yes

-Have you had significant 2nd-hand smoke exposure? No Yes in past Yes currently. Length of exposure? _____

-Do you drink alcohol daily? No Yes: circle which types? (wine, beer, liquor). #servings/day: _____

-Do you drink caffeine daily? No Yes: circle which types? (coffee, tea, soda). #servings/day: _____

-Have you had your flu shot this season? No Yes (If age 65+, have you had a pneumonia shot?) No Yes

-Are you otherwise up-to-date on vaccinations? No Yes

-If you have sinusitis, have you had a CT scan in the last 3 months? No Yes Not Applicable

-Do you have asthma, shortness of breath, wheezing, or a Rx for albuterol (rescue inhaler)? No Yes

(If yes, please let medical assistant know, as we may ask you to perform a breathing test today.)

Have you used a rescue inhaler in the last 4-6 hours or recently been on steroids (prednisone, Celestone)? No Yes

-Circle a number that best describes severity of your current pain (0= no pain, 10= severe pain): 0-1-2-3-4-5-6-7-8-9-10

Reviewed with patient by Dr. Caroline Caperton _____

Signature

Date/Time