

PAST MEDICAL HISTORY

CHRONIC MEDICAL PROBLEMS (list): _____

PRIOR SURGERIES/HOSPITALIZATIONS:

_____ Date: _____ _____ Date: _____
_____ Date: _____ _____ Date: _____

BIRTH HISTORY (if child):

Birth weight: _____ Full term? _____ (If no, how many weeks gestation? _____)

Oxygen required after birth? _____ Breathing machine after birth? _____

Additional comments: _____

IMMUNIZATIONS: up to date? _____ flu shot? _____ pneumonia shot? _____

Chicken pox (varicella) vaccine OR had chicken pox infection? _____

FAMILY HISTORY

	Mother	Father	Siblings	Other
Asthma				
Hayfever/allergic rhinitis				
Eczema				
Food allergy				
Hives/angioedema				
Sinus disease				
Drug allergy				
Cystic fibrosis				
Chronic lung disease				
Acid reflux/GERD				
Immune deficiency				
Autoimmune disease				
Heart disease/early MI				
Diabetes				
Cancer				
OTHER (please list)				

SOCIAL HISTORY

Currently smoke? Y / N If yes, packs/day _____ How long? _____

Quit smoking? Y / N If yes, how long ago? _____

Prior to quitting, # of packs for how many years? _____

Occupation? _____ # missed school/work days due to illness _____

School? Y / N (grade? _____) # days parental work loss due to child illness _____

Daycare? Y / N (days/wk _____) Babysitter? Y / N (days/wk _____)

Pets or smokers in babysitter's home? Y / N If yes, please list: _____

ENVIRONMENTAL HISTORY

Indoor / outdoor (circle) pets? Cats? (# _____) Dogs? (# _____) Other? _____

Previous history of pets in home? Y / N If yes, what type of pets? _____

Carpeting from previous owners? Y / N

Age of home _____ Years of residence _____

Smokers in home? Y / N If yes, whom? _____ Packs/day _____

DO YOU HAVE (circle all that apply):

Carpeting? (Bedroom Living area) Forced air heat? Fireplace?

Wood stove? Air conditioning? (Central Window unit) Ceiling fan(s)?

Damp basement? Flooding/water damage? Humidifier?

Dust mite covers? (Pillow Mattress) Stuffed animals?

CHEST SYMPTOMS (check here if NONE)

When did symptoms begin? _____

Have you/your child been diagnosed with asthma? _____

Have you/your child ever been diagnosed with (circle):

Croup Pneumonia Bronchitis Bronchiolitis

SYMPTOMS (circle): cough wheeze shortness of breath chest pain/tightness
mucous in chest

SYMPTOMS WITH (circle): night-time upon awakening cold air exercise
illnesses/colds other: _____

ARE SYMPTOMS: daily? (times/day ___) weekly? (times/wk ___) intermittent?
number of nocturnal awakenings/month _____

SYMPTOMS WORSE (circle): year-round spring fall summer winter

How often are bronchodilators (albuterol, xopenex) used? _____ times/week

How many times have oral steroids (prednisone, prednisolone) been used in the past year?

Emergency Room visits for asthma in past year? Y / N If yes, how many? _____

Hospitalizations for asthma/bronchitis/bronchiolitis? Y / N If yes, list _____

EYES, EARS, NOSE, THROAT (check here if NONE)

When did symptoms begin? _____

EYES (circle): itching redness swelling tearing contacts other:

EARS (circle): frequent infections fluid in ears hearing loss other: _____

Number of ear infections treated in past year? _____

tubes? _____ tonsillectomy? _____ adenoidectomy? _____

NOSE (circle): running itching sneezing congestion
mouth breathing snoring sniffing other:

Treated for sinusitis? Number of times in past year? _____

Polyps and/or sinus surgery? _____

THROAT (circle): itching post nasal drip throat clearing sore throat
large tonsils / adenoids other: _____

SYMPTOMS WORSE (circle): year-round spring fall summer winter

TRIGGERS: (circle): animals odors dust other: _____

FOOD SYMPTOMS (check here if NONE)

Which foods? milk egg soy peanut wheat
 treenuts fish/shellfish other: _____

Be prepared to discuss nature and timing of symptoms to each food at the visit.

SKIN SYMPTOMS (check here if NONE)

SYMPTOMS (circle): eczema hives swelling itching rash

When did symptoms start? _____

For HIVES, do individual lesions last more than 24 hours? Y / N

Do they leave marks? Y / N

Does anything make them worse? _____

What medications have been tried? _____

OTHER SYMPTOMS (check here if all negative, circle if present)

failure to thrive poor appetite vomiting nausea heartburn/GERD
choke/gag w/ eating choke/gag w/o eating abdominal pain/cramping
diarrhea constipation greasy or large stools weight loss fever
night sweats fatigue swollen glands anemia easy bruising
headaches seizures vision loss hoarseness palpitations chest pain
high blood pressure joint pain/swelling osteoporosis depression
anxiety OTHER:

ANTI-HISTAMINES

To be held before new patient allergy appointments or skin testing visits

Stop these **oral** antihistamines for **5** days prior to your appointment:

- Allegra (fexofenadine)
- Claritin, Alavert (loratadine)
- Clarinex (desloratadine)
- Zyrtec (cetirizine)
- Xyzal (levocetirizine)

Stop these **oral** antihistamines for **4** days prior to your appointment:

- Actifed, Dimetapp (brompheniramine)
- Atarax, Vistaril (hydroxyzine)
- Benadryl (diphenhydramine)
- Chlor-Trimeton (chlorpheniramine)
- Phenergan (promethazine)
- Tavist, Antihist (clemastine)
- Actifed, Aller-Chlor, Bromfed, Drixoral, Dura-tab, Novafed, Ornade, Polihistine-D, Trinalin (combination medications), or other OTC or prescription cold or allergy remedies

If you are taking an **oral** antihistamine that is not listed, stop the medication at least **3** days prior to your appointment. If you are unsure whether a medication you are taking is an antihistamine, **please call the office.**

Nasal antihistamines (Astelin, Astepro, or Patanase) should be stopped **3** days prior to your appointment.

Stop H2 blockers (Zantac, Tagamet, Pepcid, Axid) 48 hours prior to your appointment after discussing with the prescribing physician.

Some **antidepressants** can act as antihistamines. Please notify the physician if you are taking an antidepressant medication prior to your skin testing.

Tell our office **before** your appointment if you are taking oral steroids (prednisone, prednisolone, methylprednisolone, hydrocortisone, dexamethasone, cortef), or if you have recently been given a steroid injection.

Continue to take all other medications as you usually do. Singulair and nasal steroids (Nasonex, Veramyst, Flonase, etc) will not interfere with testing.

Continue all asthma inhalers!

If you are being seen for hives or eczema, you may not be able to be allergy tested on your first visit. In this case you may want to continue your antihistamines for comfort.