



C. Any drug reactions (including aspirin)? \_\_\_\_\_ List drug and reaction to it: \_\_\_\_\_

D. Any problems with foods? \_\_\_\_\_ List food and reaction to it. \_\_\_\_\_

E. Previous treatment of allergies/problems. Please check any of the following medicines or types of medicines used. and the effect they had on the problem(s).

	Better	Worse	No Effect
1. Antihistamines (Allegra, Benadryl, Clarinex, Claritin, Xyzal, Zyrtec)	_____	_____	_____
2. Decongestants (Sudafed)	_____	_____	_____
3. Nasal Sprays (Rx) (Astelin, Astepro, Flonase, Nasacort, Patanase, Rhinocort)	_____	_____	_____
4. Nasal Sprays (non-prescription): (Afrin, Nasalcrom)	_____	_____	_____
5. Eyedrops	_____	_____	_____
6. Bronchodilator Inhalers (Albuterol, Pro Air, Xopenex)	_____	_____	_____
7. Steroid Inhalers (Arnuity, Asmanex, Flovent, Pulmicort, Qvar)	_____	_____	_____
8. Combination Inhalers (Advair, Breo, Dulera, Symbicort)	_____	_____	_____
9. Breathing treatments (Albuterol, Pulmicort, Xopenex)	_____	_____	_____
10. Singulair	_____	_____	_____
11. Steroids (Orapred, Prednisone)	_____	_____	_____
12. Cough Medicine	_____	_____	_____
13. Antibiotics (Amoxicillin, Augmentin, Biaxin, Septra, Z-Pak)	_____	_____	_____
14. Allergy Shots	_____	_____	_____

F. List all current medications and doses \_\_\_\_\_

G. Previous allergy tests? \_\_\_\_\_ Yes \_\_\_\_\_ No. By whom? When? Findings? \_\_\_\_\_

H. Check any of the following that patient has had. Indicate year and place done.  
Chest x-ray \_\_\_\_\_ Lung Function test \_\_\_\_\_  
Sweat test \_\_\_\_\_ Hearing tests \_\_\_\_\_  
Sinus x-ray/CT Scan \_\_\_\_\_ Immunity blood tests \_\_\_\_\_

**5. ENVIRONMENT**

A. Do you live in: \_\_\_\_\_ Suburbs \_\_\_\_\_ City \_\_\_\_\_ Country (rural) \_\_\_\_\_  
\_\_\_\_\_ near woods \_\_\_\_\_ near fields \_\_\_\_\_ near air pollutants \_\_\_\_\_ industry?

B. Do you live in: \_\_\_\_\_ house \_\_\_\_\_ apt? \_\_\_\_\_ How long? \_\_\_\_\_ yrs. Age of dwelling: \_\_\_\_\_

C. Check those that apply:  
\_\_\_\_\_ Basement-damp \_\_\_\_\_ Humidifier \_\_\_\_\_ Pets (in house) Type? \_\_\_\_\_  
\_\_\_\_\_ Basement-dry \_\_\_\_\_ Dehumidifier \_\_\_\_\_  
\_\_\_\_\_ Bsmt.-occas. damp \_\_\_\_\_ Air purifier \_\_\_\_\_  
\_\_\_\_\_ Heat: forced air \_\_\_\_\_ Air cond. \_\_\_\_\_  
\_\_\_\_\_ Heat: other \_\_\_\_\_ Attic Fan \_\_\_\_\_ Pets or animals (outside) \_\_\_\_\_  
Type \_\_\_\_\_ Vaporizer used \_\_\_\_\_  
\_\_\_\_\_ Smoking in home \_\_\_\_\_ Plants \_\_\_\_\_  
approx. no. \_\_\_\_\_ Favorite stuffed chair or couch in family room \_\_\_\_\_

D. Patient's Bedroom:  
Does patient \_\_\_\_\_ share bedroom \_\_\_\_\_ sleep alone \_\_\_\_\_ bedroom in basement?

Check any of the following that are in the patient's bedroom:  
\_\_\_\_\_ Heating duct \_\_\_\_\_ Plastic pillow cover \_\_\_\_\_ Stuffed animals \_\_\_\_\_ Wood flooring  
\_\_\_\_\_ Room Heater \_\_\_\_\_ Plastic mattress cover \_\_\_\_\_ Stuffed furniture \_\_\_\_\_ Tile flooring  
\_\_\_\_\_ Air Cond. \_\_\_\_\_ Plastic box spring cover \_\_\_\_\_ Bean bag chairs \_\_\_\_\_ Wool carpet/rug  
\_\_\_\_\_ Curtains/Drapes \_\_\_\_\_ Feather pillow \_\_\_\_\_ Shelves \_\_\_\_\_ Synthetic carpeting  
\_\_\_\_\_ Mini Blinds/Shades \_\_\_\_\_ Foam pillow \_\_\_\_\_ Books \_\_\_\_\_ Bed Sheets washed how often: \_\_\_\_\_  
\_\_\_\_\_ Wood Blinds \_\_\_\_\_ Synthetic pillow \_\_\_\_\_ Plants \_\_\_\_\_  
\_\_\_\_\_ Crib Mattress \_\_\_\_\_ Aquarium/terrarium \_\_\_\_\_ Bedroom dusted how often? \_\_\_\_\_  
\_\_\_\_\_ Regular mattress \_\_\_\_\_ Other blanket \_\_\_\_\_ Pets \_\_\_\_\_  
\_\_\_\_\_ Foam/Tempurpedic \_\_\_\_\_ Down synthetic comforter \_\_\_\_\_

**6. FAMILY PROBLEMS:** Check which apply and specify relationship to patient: Father (F) or Mother (M), brothers (B), sisters (S), children (CH), grandparents (GF, GM), aunts (A), uncles (U), cousins (C).

_____ Asthma _____	_____ Hives (welts) _____
_____ Bronchitis _____	_____ Cystic Fibrosis _____
_____ Nasal Allergies/Hay Fever _____	_____ Emphysema _____
_____ Sinus Trouble _____	_____ Tuberculosis _____
_____ Skin allergy/Eczema _____	_____ Repeated infections _____
_____ Migraine headaches _____	_____ Food Allergies _____