

- 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 (Arnuit, 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 | _____ Other blanket | _____ Aquarium/terrarium | _____ Bedroom dusted how often? |
| _____ Regular mattress | _____ Down synthetic comforter | _____ Pets | _____ |
| _____ Foam/Tempurpedic | | | |

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 |