Allergy Associates, Inc.

Rand E. Dankner, M.D. and Jacqueline L. Reiss, M.D.

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Date: / /	
Name (Last, First, M.I.):	DOB:
Sex: □ M □ F	
Referring physician:	Permission to send a report to your physician:
Primary care physician:	□ Yes □ No
Briefly describe the reason(s) for this visit:	Ethnicity:
	Race:

ALLERGY/IMMUNOLOGY HISTORY

Have you ever had the following conditions:

Y	'es	No	
Current Problem	Past Problem		(check each item)
			Allergic Rhinitis (hay fever or nasal allergies
			Allergic conjunctivitis (itchy watery eyes)
			Asthma
			Other breathing problems or lung conditions
			Hives or swelling (urticaria or angioedema)
			Frequent sinus trouble or infections
			Eczema, contact dermatitis, or recurrent rashes
			Food allergy Which foods:
			Nasal polyps
			Recurrent pneumonia
			Immunodeficiency

			Insect sting al	llergy		
			Other allergic	condition		
Have you e	ver receive	d allergy	shots? 🗆 Yes	□No		
For Childre	en < 12 year	rs old: Pr	remature birth	□ Yes □ No	If yes, how ma	any weeks gestation?
Normal gro	owth and d	evelopme	ent: 🗆 Yes 🗆	No If not, please	e explain:	
List any o	ther past o	or ongoir	ng medical pro	oblems.		
1.	r	0-	8 r	5.		
2.				6.		
3.				7.		
4.				8.		
7.		Cura	eries	0.		Hospitalizations (non-surgical)
		Type of	Surgery	Year		Reason for hospitalization
CURREN	NT MEDIC	ATIONS	(List your presci	ribed and over-the-co	unter medications i	ncluding inhalers and nasal sprays)
Name of th	ie Medicati	on		Strength		Frequency Taken

ALLERGIES TO MEDICATIONS

ALLENGIES I	O MEDICALIONS		
Name of the Med	lication	Describe the reaction	When did the reaction occur?
IMMUNIZATI	ONS		
Immunizations u	p to date □ Yes □ No		
SOCIAL HISTO	ORY		
Marital Status	☐ Single ☐ Married ☐ I	Divorced 🗆 Widow	
Alcohol	Do you drink alcohol?	Yes □ No	
	How many drinks per week	? Are you concerned about	the amount you drink? ☐ Yes ☐ No
Tobacco	Do you or did you smoke cig	garettes? □ Yes □ No □ Quit dat	e
	# number of packs per day	# number of years of smok	ring
ENVIRONME	NTAL HISTORY		
What type of wor	k do you do?	A	re you in school? 🗆 Yes 🗆 No
Are you exposed	to anything at work or schoo	l that might aggravate your condition	? □ Yes □ No
Have you missed	work or school because of yo	our allergies? 🗆 Yes 🗆 No	
Where do you liv	e? □ urban area □ subu	rban area 🛘 rural area 🗘 near wo	ods □ near water □ farm
Your home is a:	□ house □ apartment □	□ condo □ mobile home □ other	
Your home: 🗆 h	as a basement 🗆 dry 🗆 w	et/damp □ is on a slab □ has a cr	rawl space □ is a split-level
Your bedroom:	☐ is carpeted ☐ has wood o	or hard surface floor Your pi	llow: □ feather □ synthetic
Are your pets allo	owed indoors? \square Yes \square Note allergic symptoms when expressions.	□ dog(s) # □ cat(s) # □ other cposed to pets? □ Yes □ No	er

FAMILY ALLERGY HISTORY

Allergic Condition (✓ where appropriate)	Allergic Rhinitis	Asthma	Food Allergy	Atopic Dermatitis/Eczema	Immunodeficiency/Recurrent Infections
Mother					

OTHER HEALTH PROBLEMS/REVIEW OF SYSTEMS Check and circle if you have, or have had any symptoms in the following areas to a significant degree and briefly explain if necessary. Skin: hives, eczema, rash	Other OTHER HEALTH PROBLEMS/REVIEW OF SYSTEMS Check and circle if you have, or have had any symptoms in the following areas to a significant degree and briefly explain if necessary. Chest/Heart: high blood pressure, chest pain, palpitation Endocrine: diabetes, thyroid disease Eyes: glaucoma, cataract, itching, pain, visual impairment Gastrointestinal: acid reflux, nausea, vomiting, diarrhea Genitourinary: frequent or difficult urination, frequent UTI's, prostate problem Dack pain, osteoporosis Constitutional: fever, weight change, appetite change, sleep problems Nose: congestion, runny, sneezing, drainage, nose bleeds, polyps Psychiatric: anxiety, Other problems:
Other OTHER HEALTH PROBLEMS/REVIEW OF SYSTEMS Check and circle if you have, or have had any symptoms in the following areas to a significant degree and briefly explain if necessary. Chest/Heart: high blood pressure, chest pain, palpitation Endocrine: diabetes, thyroid disease pressure, chest pain, palpitation Genitourinary: frequent or difficult urination, frequent UTI's, prostate problems Musculoskeletal: joint pain, paressure Musculoskeletal: joint pain, pack pain, osteoporosis Sleep problems: insomnia, snoring, apheadache Sleep problems: insomnia, snoring, apheadache Other problems: Other problems: Other problems:	Other OTHER HEALTH PROBLEMS/REVIEW OF SYSTEMS Check and circle if you have, or have had any symptoms in the following areas to a significant degree and briefly explain if necessary. Chest/Heart: high blood pressure, chest pain, palpitation Endocrine: diabetes, thyroid disease Eyes: glaucoma, cataract, itching, pain, visual impairment Gastrointestinal: acid reflux, nausea, vomiting, diarrhea Genitourinary: frequent or difficult urination, frequent UTI's, prostate problem Dack pain, osteoporosis Constitutional: fever, weight change, appetite change, sleep problems Nose: congestion, runny, sneezing, drainage, nose bleeds, polyps Psychiatric: anxiety, Other problems:
Check and circle if you have, or have had any symptoms in the following areas to a significant degree and briefly explain if necessary. Skin: hives, eczema, rash	OTHER HEALTH PROBLEMS/REVIEW OF SYSTEMS Check and circle if you have, or have had any symptoms in the following areas to a significant degree and briefly explain if necessary. Skin: hives, eczema, rash
Check and circle if you have, or have had any symptoms in the following areas to a significant degree and briefly explain if necessary. Skin: hives, eczema, rash	Check and circle if you have, or have had any symptoms in the following areas to a significant degree and briefly explain if necessary. Skin: hives, eczema, rash
□ Eyes: glaucoma, cataract, itching, pain, visual impairment □ Gastrointestinal: acid reflux, nausea, vomiting, diarrhea □ Genitourinary: frequent or difficult urination, frequent UTI's, prostate problection, pain, pressure □ Musculoskeletal: joint pain, back pain, osteoporosis □ Constitutional: fever, weight change, appetite change, sleep problems □ Nose: congestion, runny, sneezing, drainage, nose bleeds, polyps □ Neurologic: dizziness, headache □ Psychiatric: anxiety, depression □ Other problems:	□ Eyes: glaucoma, cataract, itching, pain, visual impairment □ Gastrointestinal: acid reflux, nausea, vomiting, diarrhea □ Genitourinary: frequent or difficult urination, frequent UTI's, prostate problem □ Ears: hearing loss, infection, pain, pressure □ Musculoskeletal: joint pain, back pain, osteoporosis □ Constitutional: fever, weight change, appetite change, sleep problems □ Nose: congestion, runny, sneezing, drainage, nose bleeds, polyps □ Neurologic: dizziness, headache □ Sleep problems: insomnia, snoring, apne headache □ Throat: pain, itching, hoarseness □ Psychiatric: anxiety, □ Other problems:
□ Ears: hearing loss, infection, pain, pressure □ Musculoskeletal: joint pain, back pain, osteoporosis □ Constitutional: fever, weight change, appetite change, sleep problems □ Nose: congestion, runny, sneezing, drainage, nose bleeds, polyps □ Neurologic: dizziness, headache □ Sleep problems: insomnia, snoring, appetite change, appetite change, sleep problems: insomnia, snoring, sleep problems: insomnia, sleep proble	risual impairment □ Ears: hearing loss, infection, pain, pressure □ Musculoskeletal: joint pain, back pain, osteoporosis □ Nose: congestion, runny, sneezing, drainage, nose bleeds, polyps □ Throat: pain, itching, hoarseness □ Psychiatric: anxiety, □ Urination, frequent UTI's, prostate problems □ Constitutional: fever, weight change, appetite change, sleep problems □ Sleep problems: insomnia, snoring, apne
back pain, osteoporosis appetite change, sleep problems □ Nose: congestion, runny, sneezing, drainage, nose bleeds, polyps □ Throat: pain, itching, hoarseness □ Psychiatric: anxiety, depression □ Other problems:	back pain, osteoporosis appetite change, sleep problems □ Nose: congestion, runny, sneezing, drainage, nose bleeds, polyps □ Throat: pain, itching, hoarseness □ Psychiatric: anxiety, □ Other problems:
drainage, nose bleeds, polyps headache Throat: pain, itching, hoarseness Psychiatric: anxiety, depression Other problems:	drainage, nose bleeds, polyps headache Throat: pain, itching, hoarseness Psychiatric: anxiety, Other problems:
depression	
☐ Lungs: cough, wheeze, shortness of ☐ Immunologic: frequent	
breath sinusitis, frequent bronchial, infections, immunodeficiency	breath sinusitis, frequent bronchial,