

**FAMILY HISTORY:** (please circle)

**Asthma** Mom / Dad / Brother / Sister

**Nasal Allergies** Mom / Dad / Brother / Sister

**Sinus problems** Mom / Dad / Brother / Sister

**Eczema** Mom / Dad / Brother / Sister

**Hives** Mom / Dad / Brother / Sister

**Migraine Headaches** Mom / Dad / Brother / Sister

**Other** \_\_\_\_\_ Mom / Dad / Brother / Sister

**ENVIRONMENT:** (please circle)

**How old is your?** House Apt Other \_\_\_\_\_ Years

**Air Conditioning:** Central A/C Window Units None Other

**Bedroom Floor:** Carpet Wood Tile Other

**Mattress:** Foam Feathered Waterbed Other

**Pillow:** Foam Feathered Other

**Down comforter:** (yes or no) **Stuffed Animals:** (yes or no)

**Pets:** Dogs # \_\_\_\_\_ (in / out / both) Other:# \_\_\_\_\_  
 Cats # \_\_\_\_\_ (in / out / both)

**Daytime activity:** daycare preschool school N/A

**Smokers:** Self (yes or no) How long? \_\_\_\_\_ Years  
 Mother Father Others \_\_\_\_\_

**Trees:** Oak Cedar Pecan Ash Elm Other \_\_\_\_\_

**Triggers:** Cedar oak ragweed molds dust grass dogs cats smoke perfumes  
 strong odors chemical cleaners weather changes other: \_\_\_\_\_

| <b>Medications you have tried:</b> | <b>(please circle drug )</b> | <b>Does it help?</b> |
|------------------------------------|------------------------------|----------------------|
| Alavert                            | Alavert D                    | (yes or no)          |
| Claritin                           | Claritin D                   | (yes or no)          |
| Generic Claritin (Loratidine)      | Generic Claritin D           | (yes or no)          |
| Clarinex                           | Clarinex D                   | (yes or no)          |
| Allegra/Fexofenadine               | Allegra D                    | (yes or no)          |
| Zyrtec                             | Zyrtec D                     | (yes or no)          |
| Singulair                          |                              | (yes or no)          |
| Xyzal                              |                              | (yes or no)          |
| Other: _____                       |                              | (yes or no)          |
| <br>                               |                              |                      |
| Flonase/Fluticasone Nasal Spray    |                              | (yes or no)          |
| Nasacort AQ Nasal Spray            |                              | (yes or no)          |
| Nasonex Nasal Spray                |                              | (yes or no)          |
| Patanase Nasal Spray               |                              | (yes or no)          |
| Rhinocort Aqua Nasal Spray         |                              | (yes or no)          |
| Omnaris Nasal Spray                |                              | (yes or no)          |
| Veramyst Nasal Spray               |                              | (yes or no)          |
| Astelin/Astepro Nasal Spray        |                              | (yes or no)          |
| <br>                               |                              |                      |
| Name: _____                        |                              | Date: _____          |

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