DR. MICHAEL SORG

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Name: Date of Birth:	Date of visit: Family Doctor:		
Occupation / School:	s, how much per day? _		
MEDICAL HISTORY (List any current			ion you are taking and doses – including
doctor may be following you for)		puffers/inhalers, skin creams etc.)	
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SURGICAL HISTORY:			
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FOOD ALLERGY DRUG ALLERY SEASONAL OR ANIMAL ALLERGY ASTHMA ECZEMA STINGING INSECTS ALLERGY PETS: HOW MANY? Cat	MOM DAD S WHAT TYPE DO YOU HA HEATING:	SIBLING OTHER AVE AT HOME?: Gas Oil Electric	
FOOD ALLERGY DRUG ALLERY SEASONAL OR ANIMAL ALLERGY ASTHMA ECZEMA STINGING INSECTS ALLERGY PETS: HOW MANY? Cat Dog	MOM DAD S WHAT TYPE DO YOU HA HEATING: AIR CONDITIONING	SIBLING OTHER AVE AT HOME?: Gas Oil Electric Yes No	Other
FOOD ALLERGY DRUG ALLERY SEASONAL OR ANIMAL ALLERGY ASTHMA ECZEMA STINGING INSECTS ALLERGY PETS: HOW MANY? Cat Dog Bird	WHAT TYPE DO YOU HA HEATING: AIR CONDITIONING CARPET	SIBLING OTHER AVE AT HOME?: Gas Oil Electric Yes No None Everywhere	Other
FOOD ALLERGY DRUG ALLERY SEASONAL OR ANIMAL ALLERGY ASTHMA ECZEMA STINGING INSECTS ALLERGY PETS: HOW MANY? Cat Dog Bird Horse	WHAT TYPE DO YOU HA HEATING: AIR CONDITIONING CARPET FEATHER BEDDING	SIBLING OTHER AVE AT HOME?: Gas Oil Electric Yes No None Everywhere Yes No	Other
FOOD ALLERGY DRUG ALLERY SEASONAL OR ANIMAL ALLERGY ASTHMA ECZEMA STINGING INSECTS ALLERGY PETS: HOW MANY? Cat Dog Bird Horse	WHAT TYPE DO YOU HA HEATING: AIR CONDITIONING CARPET FEATHER BEDDING FEATHER PILLOWS	SIBLING OTHER AVE AT HOME?: Gas Oil Electric Yes No None Everywhere Yes No Yes No	Other

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