NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERRED BY (IF PHYSICIAN PLEASE PROVIDE ADDRESS/PHONE):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY CARE PHYSICIAN (NAME/ADDRESS/PHONE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM COMPLETED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP TO PATIENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS** **MEDICATION REACTIONS/CONTACT ALLERGIES**:

(PRESCRIPTION/OTC/HERBAL/SUPLLEMENTS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IV CONTRAST REACTION? Y N N/A

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BEE/WASP STING REACTION? Y N

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANDAGES/MEDICAL TAPE Y N

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHEMICAL/POISON IVY Y N

**MEDICAL HISTORY**: **SURGERIES** (TYPE AND DATES):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY HISTORY** (CHECK BOX IF FAMILY MEMBER HAS BEEN DIAGNOSED WITH DISEASE):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MOTHER | FATHER  | SIBLING  | GRANDPARENT  | CHILD | OTHER |
| ALLERGIES (NASAL/EYE) |  |  |  |  |  |  |
| ASTHMA |  |  |  |  |  |  |
| ECZEMA |  |  |  |  |  |  |
| FOOD ALLERGY |  |  |  |  |  |  |
| DRUG ALLERGY |  |  |  |  |  |  |
| HIVES |  |  |  |  |  |  |
| IMMUNE PROBLEMS |  |  |  |  |  |  |
| HEART DISEASE |  |  |  |  |  |  |
| THYROID DISEASE |  |  |  |  |  |  |
| DIABETES |  |  |  |  |  |  |
| CANCER  |  |  |  |  |  |  |
| OTHER |  |  |  |  |  |  |

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR VISIT** (DESCRIBE SYMPTOMS AND COMPLAINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW LONG HAVE YOU HAD THIS PROBLEM?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW OFTEN DOES IT OCCUR? (TIMES PER DAY, WEEK, ETC)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW LONG DOES IT LAST?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY TIME OF YEAR IT IS WORSE? (OR CIRCLE THE MONTHS MOST SEVERE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY

AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER ALL YEAR

WHAT MAKES IT WORSE? (ENVIRONMENT (DAMP/DRY, INDOORS/OUTDOORS,EXERCISE, ANIMALS,ETC):\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT MAKES IT BETTER?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATIONS YOU HAVE TRIED? (ANTIHISTAMINES, NASAL STEROIDS, INHALERS, ANTIBIOTICS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAST ALLERGIC/INFECTIOUS HISTORY** (IF YES, PLEASE EXPLAIN)

NASAL ALLERGIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EYE ALLERGIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASTHMA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ECZEMA (ATOPIC DERMATITIS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIVES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWELLING (ANGIOEDEMA)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THROAT CLOSURE OR FULL BODY ALLERGIC REACTION (ANAPHYLAXIS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REACTIONS TO FOODS:

MILK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EGGS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHEAT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TREENUTS/SEEDS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEAFOOD (FISH):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHELLFISH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFECTIONS: (IF SO, HOW MANY TIMES PER YEAR)

SINUSITIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EAR INFECTIONS (OTITIS MEDIA)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PNEUMONIAS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SKIN INFECTIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

URINARY TRACT INFECTIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FREQUENT BOWEL INFECTIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIRTH/DEVELOPMENTAL/SOCIAL HISTORY**:

FULL TERM:\_\_\_\_\_\_WEEKS PREMIE\_\_\_\_\_\_WEEKS COMPLICATIONS, IF ANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAGINAL DELIVERY: Y N IMMUNIZATIONS UP TO DATE: Y N

BREASTFED: Y N IF YES, HOW LONG?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORMULA: START AGE\_\_\_\_\_\_\_\_\_\_\_\_MONTHS WHICH KIND? COW’S MILK SOY OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLIC: Y N GERD: Y N DAYCARE: Y N

RSV INFECTION: Y N IF YES, WHAT AGE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOSPITALIZED? Y N

ISSUES WITH DEVELOPMENTAL DELAY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS: MARRIED\_\_\_\_\_ SEPARATED\_\_\_\_\_\_ DIVORCED\_\_\_\_ \_OTHER\_\_\_\_\_

SIBLINGS Y N HOW MANY?\_\_\_\_\_AGES?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT SCHOOL YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MISSED DAYS THIS YEAR DUE TO ILLNESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPORTS/CLUBS/HOBBIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SPECIAL SERVICES AT SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENVIRONMENTAL HISTORY**:

HOME: SINGLE FAMILY HOME TOWNHOME APARTMENT CONDO OTHER

AGE OF HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEARS OF OCCUPANCY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BASEMENT: Y N IF SO, ANY MOISTURE PROBLEMS?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AIR CONDITIONING: NONE CENTRAL ROOM UNIT SPACE PACK

HEATING: FORCED AIR RADIANT RADIATOR

PORTABLE HUMIDIFER Y N IF SO, HOW IS IT CLEANED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOBACCO SMOKE EXPOSURE Y N IF SO, EXPLAIN FREQUENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGHT OR SMELL OF MOLD? Y N IF SO, EXPLAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PETS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOW LONG?\_\_\_\_\_\_\_\_\_\_\_\_\_ALLOWED INTO BEDROOM? \_\_\_\_\_\_

REGULAR PET EXPOSURE OUTSIDE OF THE HOME? Y N

SMOKERS AT HOME? Y N

BEDROOM FLOORING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WINDOW TREATMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PILLOWS: SYNTHETIC DOWN/FEATHER COTTON FOAM

COMFORTERS: SYNTHETIC DOWN/FEATHER COTTON OTHER

USE OF DUST MITE ENCASEMENTS: Y N

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CIRCLE THE SYMPTOMS THAT APPLY TO THE PATIENT**:

HEAD AND NECK:

EYES: ITCHY RED SWOLLEN DRAINAGE

EARS: PAINFUL CLOGGED DRAINAGE CHRONIC FLUID DECREASED HEARING

NOSE: CONGESTION SNEEZING ITCHING DRIPPING SNORTING BLEEDING

THROAT: PAINFUL IRRITATED HOARSENESS CLEARING BURNING

RESPIRATORY:

SHORTNESS OF BREATH COUGH WHEEZING TIGHTNESS CHEST CONGESTION

CARDIOVASCULAR:

HEART BIRTH DEFECTS MURMUR RACING HEART/PALPITATIONS

GASTROINTESTINAL:

NAUSEA VOMITING DIARRHEA REFLUX ABDOMINAL PAIN CRAMPING

CONSTIPATION BLOOD IN STOOLS FOOD IMPACTION (FOOD GETTING STUCK WITH SWALLOWING)

SKIN:

RASH SWELLING HIVES ECZEMA PSORIASIS ITCHING BURNING CHANGE PIGMENT/ TEXTURE

MUSCULOSKELETAL:

JOINT ACHES WEAKNESS INJURIES/FRACTURES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEUROLOGIC:

HEADACHES DIZZINESS MUSCLE WEAKNESS

GENITOURINARY:

BURNING ON URINATION BLOOD IN URINE REFLUX RECURRENT INFECTIONS

GYNECOLOGIC (IF APPLICABLE):

STARTED MENSTRUATING? Y N AGE\_\_\_\_\_\_ NORMAL MONTHLY CYCLES? Y N

SOCIAL/EMOTIONAL:

MARKED IRRITABILITY DEPRESSIVE SYMPTOMS ANXIETY NIGHT TERRORS ATTENTION ISSUES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OFFICE USE ONLY:*

FORM REVIEWED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_