



Are there any medicines that you have tried, other than what you are currently on, for these symptoms? \_\_\_\_\_

○ **Stomach**

Do you have heartburn? Yes/No      Frequent burping? Yes/No How often? \_\_\_\_\_

Do you have chronic diarrhea? Yes/No if child, has growth been normal? Yes/No

○ **Other Allergies**

Eczema -      Yes No      If yes, please explain: \_\_\_\_\_

Hives -      Yes No      If yes, please explain: \_\_\_\_\_

Other rashes - Yes No      If yes, please explain: \_\_\_\_\_

Reaction to Foods – Yes No      If Yes, please list the food(s) and the reaction: \_\_\_\_\_

Reaction to Medicine – Yes No      If yes, please list the medicine and the reaction: \_\_\_\_\_

Reaction to Insects -      Yes No      If yes, please list the insect and the reaction: \_\_\_\_\_

○ **Past Medical History**

Do you have any long term medical problems?      Yes No      If yes, please explain: \_\_\_\_\_

Have you ever had surgery? Yes No      If yes, please list the surgery and when: \_\_\_\_\_

Any hospitalizations?      Yes No      If yes, please list what hospitalization was for and when? \_\_\_\_\_

**\*\*All medicines currently taking**, including over the counter medication and how often taken -

Are your immunizations up to date? Yes / No

○ **Environmental History**

How long have you lived at your current home? \_\_\_\_\_

Is it a house, apartment, mobile home? How old? \_\_\_\_\_

It is made of – brick, wood, siding, block, other \_\_\_\_\_

Type of bed mattress – foam, inner spring, waterbed

Type of pillow – foam, feather, other \_\_\_\_\_

Floors are – carpet, wood, linoleum, tile, other \_\_\_\_\_

Air conditioning – none, window unit, central

Heat – electric, gas, wood, oil, kerosene

Basement – none, dry, damp, very wet

Heat/air filters changed every \_\_\_\_\_ months

Any pets? Yes / No if yes, please list below:

Indoors pets \_\_\_\_\_ Outdoors pets \_\_\_\_\_

Any smokers living there? Yes/ No Who? \_\_\_\_\_ Smokes indoors or outdoors?  
How many people live there? \_\_\_\_\_  
Anything unusual or remarkable about this home? \_\_\_\_\_

○ **Family History:**

List allergies, asthma, eczema and related problems such as sinus problems

Father: Yes No N/A If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Mother: Yes No N/A If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Brother: Yes No N/A If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Sister: Yes No N/A If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Sons: Yes No N/A If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Daughters: Yes No N/A If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

○ **Social History**

Occupation (if retired, previous work): \_\_\_\_\_

Work environment: \_\_\_\_\_

If student, what school and grade? \_\_\_\_\_

Tobacco use: None, Smoking Now, or Quit in \_\_\_\_\_

If you ever smoked, \_\_\_\_\_ packs per day for \_\_\_\_\_ years

Hobbies - \_\_\_\_\_

Anything else you would like to discuss?

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