

ALLERGY, SINUS & ASTHMA SPECIALISTS of NAPLES

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MEDICAL HISTORY AND ALLERGY SURVEY

Please complete this form. It is important for your doctor to know the details about your medical history and allergy symptoms. You may use the back of each page to complete your answers.

NAME _____ AGE _____ APPT. DATE _____

Circle the allergy problems that you have:

- | | | |
|-----------------------|--------------------|------------------|
| (1) Hay fever/sinus | (4) Eczema | (7) Drug allergy |
| (2) Asthma/bronchitis | (5) Insect allergy | (8) Headache |
| (3) Hives/swelling | (6) Food allergy | |

I. CHIEF COMPLAINT

A. Describe your major allergy symptoms. How do they make you feel?

B. What are your expectations from this allergy consultation (Please complete)?

II. SYMPTOMS (check)

Eyes: Itching _____ Swelling _____ Burning _____ Tearing _____ Discharge _____

Ears: Itching _____ Fullness _____ Popping _____ Decreased hearing _____ Pain _____

Nose: Sneezing _____ Itching _____ Runny nose _____ Mouth breathing _____

Nasal obstruction _____ Discolored discharge _____

Headache _____ Where? _____

Throat: Itching _____ Soreness _____ Post nasal drip _____ Throat clearing _____ Swelling _____

Chest: Cough _____ Sputum _____ Color and amount _____

Wheezing _____ Chest tightness _____ Shortness of breath with exercise _____

Skin: Dermatitis _____ Eczema _____ Hives _____ Swelling _____ Rashes _____

Where on your body? _____

A. Age and onset of your allergies _____

B. Do you have daily symptoms? _____

C. Do you have seasonal symptoms? _____

D. Are you having more allergy problems recently? _____

E. What time of the year are your allergies worse? (Please list months.) _____

F. What time of day or night is the worst time according to you? _____

G. Does any particular exposure (cat, dust, smoke) make you much worse? (Please List.) _____

H. Do you cough when you laugh? _____

I. Please list all food allergies. _____

J. Have you had a life threatening allergic reaction to a stinging insect (Bee, Wasp, Yellow jacket, Hornet, Fire ant)?

K. Have you had hives previously? _____

L. Have you had eczema previously? _____

M. How is your sense of smell? _____

III. HIVES (RASH) - complete this section if you are being evaluated for a rash.

1. When did your rash first start? _____

2. Have you ever had a rash in the past? _____ When? _____

3. Describe the circumstances surrounding your first episode of rash. What do you think caused your rash?

4. How often are you having rash now? _____

5. Is your rash getting worse and occurring more often? _____

6. When you break out in rash, how long does an individual lesion persist? _____

7. Where on your body to do the rash break out more often? _____

8. What sizes are the individual rash lesions? _____

9. Is there any pattern or cycle that your rash follow? _____

10. What time of day do your rash usually get worse? _____

11. What is the longest period of time that you have been free of rash? _____

12. Have you identified any place where your rash are worse? If yes, check:

_____ indoors _____ at home _____ at school _____ while away on vacation

_____ outdoors _____ at work _____ the same at all locations _____ other _____

13. Are your symptoms worse in any particular season or month(s)? (Yes) (No)

When? _____

14. Does your rash itch? _____ Burn? _____ Painful? _____ Is the rash present before you scratch? _____
or, does the hive/rash occur only after scratching? _____ Is there a residual scar or pigment? _____

15. Do you get rash from lightly stroking your skin? _____

16. Does your rash occur where pressure is constantly applied to your skin, such as under your belt, etc.? _____

17. Does the urticaria/rash consistently appear on your hands, feet, or buttocks? _____

18. What medications have you used to control your rash?

Antihistamines:

(1) _____ Effective / Not Effective

(2) _____ Effective / Not Effective

(3) _____ Effective / Not Effective

Steroids: _____ Effective / Not Effective

Other: _____ Effective / Not Effective

19. Do any of the following factors cause your rash to start or to worsen?

aspirin alcohol cold water
 hot baths heat exercise emotional upset
 sunlight sweating exertion excitement
 vibration heavy objects or tight-fitting clothing

20. Do you have any of the following symptoms associated with your rash?

excessive sweating diarrhea headache
 abdominal cramps faintness listlessness
 frequent fever muscle pains joint swelling
 loss of weight joint pains joint stiffness

21. Do you have any respiratory allergies, such as hay fever or asthma? _____

22. Do your rash appear at the same time that you have respiratory allergy symptoms of hay fever or asthma? _____

23. Do you know of any household or work exposures that you think may cause your rash? _____

24. Are you allergic to insect venoms or bites? _____

25. Have you traveled outside of the United States recently? _____

26. Are you allergic to any medications or drugs, prescribed or over-the-counter? _____

27. Have you ever had rash during or just after a course of antibiotics or xray dyes? _____

28. Are your rash worse after meals or any particular foods? _____

29. Have you eliminated any foods from your diet which reduced your hive/rash problem? _____

30. Does anything in particular that you come in contact with make your skin itch? _____

31. Are your rash worse before or during your menstrual period? _____

32. Do you or have you recently used TIDE detergent? (circle) yes no

III. ENVIROMENTAL HISTORY

A. Do your symptoms occur around any specific environment, exposure, location, or activity (for example, lawn mowing, animals, dusty environments, old leaves, strong odors, exercise)? _____

B. Do you suspect that anything in your home, work place, or other locations cause your symptoms? _____

C. What type of home do you have and what is the surrounding area like (suburbs, country)? _____

D. Do you have indoor animals or bird? Please list. _____

E. Do you have a feather, foam, or Dacron pillow? _____

F. Do you have a new or old mattress? _____ Or, a waterbed? _____ Type ? _____

G. Do you have carpeting in your bedroom? _____

H. Are your windows opened or closed most of the time? _____

I. Do you have central air conditioning? _____

J. Does air conditioning help your symptoms? _____

K. Do your symptoms become better or worse on vacations, trips, or at the beach? Please explain: _____

L. Do you have symptoms after eating at home or in a restaurant? _____

M. Does a change in the weather influence your allergic symptoms? _____

N. Do strong odors, powders, fumes, cigarette smoke make you worse? _____

O. How do strenuous activities affect your symptoms? _____

VII. PAST MEDICAL HISTORY

- A. Please list all-important **surgical operations** and **other significant hospitalizations** that you have had, **even if they are unrelated to your allergy problem.** _____

- B. Have you been hospitalized for asthma? _____
 When? _____
- C. Do you have any current medical problems or a history of any medical problems?
 Diabetes____ Thyroid disorder____ High blood pressure____ Seizures ____ Arthritis____ Hepatitis____
 Ulcers____ Other _____
- D. Have you experienced recurrent sore throats, repeated sinus infections, or severe infections, such as pneumonia? _____
- E. Have you had nasal polyps, adverse reaction to aspirin, or sinus surgery? _____
- F. Do you have any other symptoms or complaints (lack of energy, anxiety, or depression)? _____
- G. Have you had a chest x-ray, sinus x-ray, lung function tests, EKG, blood tests? Please comment on the results.

- H. Are your vaccinations up to date? _____ Tetanus? (Every 10 years)_____
- I. Do you receive the flu vaccine yearly? _____
- J. Have you received the Pneumovax (for pneumonia)? _____

VII. FAMILY HISTORY

- A. Are there any members of the immediate family who have asthma, hay fever, eczema, hives, food allergies, drug allergies, insect allergies, arthritis, and recurring and/or frequent infections? **Please list and comment.**

- B. Are there any hereditary diseases or other disorders that seem to occur frequently in your family (diabetes, emphysema, heart problems)? _____

VIII. PERSONAL AND SOCIAL HISTORY

- A. Do you presently smoke (how much and how long)? _____
- B. Have you ever smoked and when did you quit? _____
- C. How much alcohol do you drink? _____
- D. Do you use recreational drugs? **(This is confidential.)** _____
- E. What is (or was if retired) your occupation? _____
- F. Are you exposed to any toxic chemicals, noxious substances, or cigarette smoke? _____
- G. How long have you lived in this area _____ and Florida? _____
- H. Where have you lived previously? _____
- I. Are you happy with your life? _____ If not, why? _____
- J. How many other people live in your home? _____ Do any of them smoke? _____

IX. PATIENT'S COMMENTS CONCERNING THEIR ALLERGIES:

REVIEW OF SYSTEMS

Do you have any of the following? (Check)

General

- weight loss
- chills
- fevers
- loss of appetite
- dry mouth

Eyes and Ears

- dry eyes
- change in vision
- trouble hearing
- ringing in the ears

Skin

- skin rashes
- recurrent skin infections

Gastrointestinal

- nausea
- vomiting
- diarrhea
- change in bowel habits
- trouble swallowing
- heartburn

Cardiovascular

- chest pain
- chest pain with exercise
- calf pain with exercise
- ankle swelling

Kidney

- trouble starting urine
- bed wetting
- burning with urination
- loss of urine with cough or sneeze
- frequent urination during the night

Blood

- had anemia
- bleed or bruise easily
- swollen lymph nodes

Musculoskeletal

- morning joint stiffness and aching
- painful, swollen joints
- muscle tenderness or pain
- muscle weakness

Endocrine

- cold intolerance
- heat intolerance
- increased thirst
- frequent urination

Gynecological

- excess bleeding
- vaginal discharge
- change in menstrual cycle

Neurological

- weakness/ clumsiness
- tingling, burning, or numbness of extremities

Psychological

- fearful, anxious
- excessive worry
- crying spells
- trouble sleeping
- behavior problems

Other

- lumps or bumps under arms, breasts
- skin rashes in the groin
- skin rashes between legs
- skin rashes on the toes
- skin rashes on the feet