Allergy and Asthma Specialists of Frederick

Alpa Jani, MD

Medical Questionnaire

Name: _____ **Date:** _____

Reason for Visit: __Nasal/Eye Allergies __Sinusitis __Eczema(skin) __Food Allergy (list foods) __Latex Allergy __Asthma __Hives/Swelling __Insect Allergy __Other:

When did problem(s) begin:

Triggers: __Dust __Mold __Pollen __Cats __Dogs __Smoke __Smells __Cold air __Exercise __Heat __Upper Resp. Illness __Spring __Summer __Fall __Winter __Other:

Dates of any past allergy testing or shots: _____

Past & Current Medical Conditions:

1.
2.
3.
4.
5.
6.

Past Surgeries:

1.
2.
3.
4.
5.
6.

For pediatric patient: Born at ___ weeks Complications? Y / N Breastfed? Y / N Until what age? _____

List all Medications, Supplements & OTC products (oral, inhaled, injected, and topical) with DOSES:

Drug Allergies and other drug reactions (List drug and type of reaction):

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Family History:

	Rhinitis	Asthma	Eczema	Hives/Swelling	Food allergy	Thyroid disease	Celiac	Other
Mother								
Father								
Sibling								
Other								

Is your **home** a: __House __Apartment __Townhome __Condominium

Age of building: _____ **Years in home:** _____

Do you have: __central A/C __window A/C __no A/C __forced vent heat __radiator heat __baseboard heat __carpets __hardwood __basement __water damage __smokers in home

For adult patient:

Occupation: _____

Smoker Y / N Former smoker Y / N

cigarettes/day? ___ # of years? _____

Do you drink alcohol? Y / N

For children:

Grade in school: _____

Describe 2nd home if applicable: _____

Smoker in household? Y / N

Do you own pets? Y / N **What kind?** _____

Are you worried about any other home or workplace allergen exposures?

Review of Systems (circle all that apply recently**):**

General: fevers weight loss weight gain fatigue rash

ENT: use of glasses or contacts eye itching eye watering eye redness sneezing stuffy nose runny nose ear popping nosebleeds itchy throat lip or tongue swelling lack of smell sinus pain pain in upper teeth decreased hearing ringing in ears

Cardiac: chest pain palpitations swelling in ankles heart murmur

Respiratory: shortness of breath wheezing cough

GI: trouble swallowing heartburn nausea vomiting diarrhea constipation blood in stool

Urinary: burning with urination frequent urination blood in urine incontinence

Endocrine: change in hair or nails heat or cold intolerance increased thirst

Musculoskeletal: muscle pain joint pain joint stiffness

Neurologic: headache seizures weakness

Hematologic: anemia easy bruising or bleeding transfusion reactions

Psychiatric: anxiety feeling depressed

Initials: _____