

Adult Asthma/Allergy Questionnaire

Name _____ Date: _____ Personal Physician: _____

What is the main problem: _____

How Long? _____ When? Spring Summer Fall Winter Inside Outside Work, Pets Colds

What treatments have been given: _____

(Circle any positive or problem areas)

Systemic Review

General-Weight Gain Loss, Fatigue, Irritability, Sleep disturbance, Skin-dry, rash itch, Eyes-red, itch, discharge, Ears, Nose, Throat-congestion, drainage, Heart-disease, hypertension, Chest-wheeze, cough, pain short of breath, GI-nausea, pain diarrhea, constipation, heartburn, GU-problems urinating, periods, MS-muscle or joint pain, Neuro-seizures, fainting, headaches, Endocrine-diabetes, thyroid, heat, cold intolerance, hair/skin changes, Bleeding problems, anemia, Allergy/Immunology-numerous, unusual or persistent infections, hives, shock, Phych-depression, anxiety, stress

Other symptoms: _____

Past History

Immunization, Food, reactions: _____

Drug reaction(describe) _____

Hospitalizations: _____

Surgery dates/age: _____

Pneumonia, Bronchitis, Ear, Sinus, Skin Infections, Wheezing: _____

Work Missed Last Year 0-5, 6-10, 11-20, >20, Number of antibiotics: _____ Steroids: _____

Medications/Dosage _____

Family History

M-Mother F-Father PGF-Father's father MGM-Mother's Mother B-Brother A-Aunt etc

Asthma _____ Bronchitis _____ Eczema _____ Hayfever _____

Hives _____ Drug Allergies _____ Other allergies _____ Sinus _____

Gastrointestinal _____ Migraine _____ TB _____ Chronic disease _____

Environmental Review

House _____ years old, Apartment, Farm, Damp Basement. Humidifier, Filter

Heat-Electric, Hot Air, Water, Coal, Wood, Propane, Kerosene, Air Conditioner

Pets inside-Cat(s) _____ Dog(s) _____ Bird(s) _____ Other _____ Pests(mice, roachs) _____

Bedroom-Wall to Wall or Area Carpet, Stuffed animals, furniture, books, other _____

Smoking in house/car M F Other, Scented Candles, Hair sprays, Air Fresheners Etc.

Face/hand soap; _____ Laundry soap _____ Fabric Softner/dryer sheet _____

What else would you like the allergist to know: _____

