DEMERA
ALLERGY ASTHMA & ENT CENTER

ALLERGY / ASTHMA MEDICAL HISTORY

Patient Name: ______________________ DOB: ______________ Date: ______________

Age: __________ Sex: __________ Ht: __________ Wt: __________ BMI: __________

Primary Physician : ______________________ Referring Physician: ______________________

Reason for Visit: ____

ALLERGY & ASTHMA QUESTIONS:

☐ January	☐ May	☐ September	☐ Year Round
☐ February	☐ June	☐ October	
☐ March	☐ July	☐ November	
☐ April	☐ August	☐ December	

Problem Months:

Triggers which worsen Asthma (AS) or Allergy (AR) symptoms (check box if applicable):

Pollens:...........☐ AS/ ☐ AR	Dust: ....☐ AS/ ☐ AR	Molds:.....☐ AS/ ☐ AR	Smoke:.............☐ AS/ ☐ AR
Wind: .... ☐ AS/ ☐ AR	Odors:........................☐ AS/ ☐ AR	Heat:.......☐ AS/ ☐ AR	Cold:.................☐ AS/ ☐ AR
Exercise:.........☐ AS/ ☐ AR	Animals:.....................☐ AS/ ☐ AR	Upper Respiratory Infections:........................☐ AS/ ☐ AR	
Bad Air Days:..☐ AS/ ☐ AR	Working Environment: ☐ AS/ ☐ AR	Other ______________....☐ AS/ ☐ AR	

Allergic Reaction To:

☐ Bees ☐ Wasps ☐ Hornets ☐ Yellow Jackets Reaction: ______________________

☐ Foods (list): ______________________________________

Reaction: ______________________________________

History of: ☐ Urticaria (hives) ☐ Swelling

ENVIRONMENT QUESTIONS (check applicable):

Dwelling: ☐ House ☐ Apartment ☐ Mobile Home

Age of home (years): ________

Heat/Air: ☐ Central Heating & Air ☐ Swamp cooler ☐ Wall heat ☐ Wall AC ☐ Fans ☐ Fireplace

Bedroom: ☐ WW carpet ☐ Area rugs ☐ Wood floors ☐ Blinds ☐ Drapes/Curtains

Bedding: ☐ Mattress/Box spring ☐ Mattress on frame ☐ Futon ☐ Waterbed

Pets: ☐ Cat (Indoor/Outdoor) # ______ ☐ Dog (Indoor/Outdoor) # ______ ☐ Rodent (Indoor/Outdoor) # ______

☐ Bird (Indoor/Outdoor) # ______ ☐ Horse # ______ ☐ Other ______________________

Smokers: ☐ Indoors ☐ Outdoors