ALL SEASONS Allergy, Asthma and Immunology Center

PATIENT NAME:_____D.O.B____/____/_____

DR. ANNA GEORGE or DR. STEPHEN MILES REF PHYSICIAN: _____

PHARMACY NAME: _____ LOCATION:_____ PHONE:_____

DRUG ALLERGIES? : NO YES: _____

CURRENT MEDICATIONS

Please list your current medications, dose, and how often you use them:

Medication	Strength	Frequency

******IF MORE PLEASE CONTINUE ON THE BACK OF THIS PAGE******

Please select any family members who have the following illnesses:

	Mother	Father	Sister(s)	Brother (s)	Children	Other
Allergies	☐	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐	☐
Eczema or other rashes	☐	☐	☐	☐	☐	☐
Swelling (Angioedema)	☐	☐	☐	☐	☐	☐
Immune Deficiency	☐	☐	☐	☐	☐	☐
Autoimmune Disease	☐	☐	☐	☐	☐	☐

Please answer the following questions about your environment:

What are your current living arrangements?

☐House ☐Condo ☐Duplex ☐Apartment ☐Dorm ☐Trailer

Is there carpeting in your bedroom? ☐Yes ☐No

Do you have air-filters in your home? ☐Yes ☐No

Are there dust mite encasements around your mattress? ☐Yes ☐No Pillows ? ☐Yes ☐No

Is there any tobacco exposure in your home? ☐Yes ☐No

Are there any dogs in your home? ☐Yes ☐No If yes, how many? ___

Are there any cats in your home? ☐Yes ☐No If yes, how many? ___

Are there any birds in your home? ☐Yes ☐No If yes, how many? ___

Are there any mice, guinea pigs, rats, rabbits or other furry mammals in your home? ☐Yes ☐No

If yes, what kind and how many? ___

Do you have any mold issues in your home? ☐Yes ☐No

Are there any workplace/school exposures, hobbies or recreational activities that worsen your symptoms? ☐Yes ☐No

If yes, please specify:_____

Do you smoke or have you ever smoked tobacco products?

☐Yes ☐No IF YES, when did you start smoking? _____ Secondhand cigarette smoke exposure? ☐Yes ☐No

Are you still smoking? ☐Yes ☐No

If you are no longer smoking, when did you quit? _____

How much did/are you smoking per day? (i.e. cigarettes per day, cigars per day, packs per day) _____

For office use only

Vital Sign WT_____ HT_____ HR_____ T_____ R_____ PO2_____ B/P_____ L or R

CC: