ARIZONA ALLERGY ASSOCIATES

Patient Name: _____ Date of Birth:_____

Please list the Medical Provider who referred you to our office: _____

What is your chief complaint or primary reason for coming in today?

- Nasal Allergies
- Asthma/Trouble Breathing
- Eczema
- Rash
- Post Nasal Drip/Drainage
- Cough
- Eye Allergies
- Possible Food Allergies
- Hives
- Sinus Infection
- Skin Swelling
- Other: _____

Please list all current medications: (Please include all allergy and non-allergy medications)

Is the patient experiencing any of these symptoms? Please check all that apply.

- Fever
- Weight Gain/Loss
- Eye Pain
- Shortness of Breath
- Sputum
- Dark Stool
- Painful Urination
- Morning Stiffness
- Easy Bruising
- Numbness
- Headaches
- Blurred Vision
- Chest Pain
- Wheezing
- Abdominal Pain
- Nausea/Vomiting
- Urinary Frequency
- Cramps
- Rashes
- Dizzy Spells
- Chills
- Double Vision
- Palpitations
- Frequent Cough
- Indigestion
- Urine Retention
- Joint Pain
- Easy Bleeding
- Tremors
- Excessive Thirst

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- ○ Too Hot/Cold
- ○ Frequent Throat Clearing
- ○ Cold Sores
- ○ Sniffling
- ○ Stuffy Nose
- ○ Nose Surgery
- ○ Broken Nose
- ○ Tired/Sluggish
- ○ Frequent Tonsillitis
- ○ Sneezing
- ○ Watery Mucus
- ○ Sinus Infections
- ○ Polyps
- ○ Loss of Smell
- ○ Sore Throat
- ○ Itchy Throat/Hoarseness
- ○ Itching
- ○ Nose Bleed
- ○ Snoring
- ○ Post-Nasal Drip
- ○ None

Has the patient ever been officially diagnosed with one of the following food allergies and prescribed Epinephrine?

- ○ None
- ○ Peanut
- ○ Wheat
- ○ Milk
- ○ Tree Nuts
- ○ Shellfish
- ○ Egg
- ○ Soy
- ○ Fish

Has the patient been diagnosed with one of the following conditions: Please check all that apply.

- ○ None
- ○ Eye Allergy
- ○ Eosinophilic Esophagitis
- ○ Seasonal Allergies
- ○ Contact Allergy (Latex/Jewelry/ etc.)
- ○ Angioedema
- ○ Asthma
- ○ Chronic Sinus Infections
- ○ Eczema
- ○ Drug Allergy

Has the patient taken any antihistamines or medications containing antihistamines within five (5) days of the appointment? Including, but not limited to the following medications: Zyrtec, Claritin, Allegra, Xyzal, Alavert, Unisom, Zantac, Pepcid, Meclizine, Tylenol PM, Cold and Sinus Medicine. Circle one: YES NO

Has the patient ever been formally diagnosed with an insect allergy that required Epinephrine and/or emergency medical services (911, ER visit, ambulance)? If so, which insect?

- ○ None
- ○ Wasp
- ○ Ant
- ○ Yellow Jacket/Hornet
- ○ Bee
- ○ Yes, but not identified

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What medications has the patient used? (Please check all that apply)

- ○ Zyrtec/Cetirizine
- ○ Claritin/Loratadine
- ○ Allegra/Fexofenadine
- ○ Hydroxyzine
- ○ Benadryl
- ○ Singulair/Montelukast
- ○ Xyzal/Levocetirizine
- ○ Flonase/Fluticasone
- ○ Nasacort
- ○ Rhinocort
- ○ Nasonex
- ○ Qnasl
- ○ Veramyst
- ○ Astelin/Azelastine
- ○ Dymista
- ○ Atrovent/Ipratopium Bromide Nasal Spray
- ○ ProAir
- ○ Ventolin
- ○ Albuterol via nebulizer
- ○ Budesonide/Pulmicort
- ○ Flovent
- ○ Advair
- ○ Qvar
- ○ Symbicort
- ○ Dulera
- ○ Breo
- ○ Arnuity
- ○ Zaditor/Ketotifen
- ○ Pazeo
- ○ Visine Allergy
- ○ Pataday
- ○ Other: _____

Has the patient ever been allergy tested before? Circle one: YES NO

Has the patient ever been on allergy shots? Circle one: YES NO

Does the patient currently use or consume any of the following? (Please check all that apply)

- ○ N/A
- ○ Alcohol
- ○ Drugs
- ○ Cigarettes
- ○ Packs per day _____
- ○ How long did you smoke? _____
- ○ Quit Date? _____

Do you have or use any of the following items: (Please check all that apply)

- ○ HEPA Filter
- ○ Air Ionizer
- ○ Humidifier
- ○ Vaporizer
- ○ Dust Mite covers for pillow or blanket
- ○ Feather Comforter
- ○ Feather Pillows
- ○ Carpet in Bedrooms

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- ○ Carpet in most of the home
- ○ No Carpet/Very Little Carpet

Which of the non-allergy conditions has the patient been diagnosed with: (Please check all that apply)

- ○ None
- ○ Lactose Intolerance
- ○ Celiac Disease
- ○ Food Intolerance or Sensitivity
- ○ Acid Reflux
- ○ Anxiety
- ○ Depression
- ○ Low Thyroid
- ○ High Thyroid
- ○ High Blood Pressure
- ○ COPD
- ○ Emphysema
- ○ Sleep Apnea
- ○ Heart Disease
- ○ Lupus
- ○ Rheumatoid Arthritis

Has the patient ever undergone any of the following procedures: (Please check all that apply)

- ○ None
- ○ Tonsillectomy
- ○ Adenoidectomy
- ○ Sinus Surgery
- ○ Tubes in Ears

Please list any other major surgeries the patient has undergone: (Please include Approximate Date)

- ○ NONE

Surgery:	Approximate Date:

Does Patient's Mom, Dad, Brother, Sister, or Children have any of these conditions: (Please check all that apply)

- ○ None
- ○ Allergies
- ○ Asthma
- ○ Food Allergy
- ○ Eczema
- ○ Drug Allergy
- ○ Cancer
- ○ Thyroid Issues
- ○ Eosinophilic Esophagitis
- ○ Lupus
- ○ Rheumatoid Arthritis
- ○ Crohn's Disease
- ○ Ulcerative Colitis
- ○ Angioedema

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Are the Patient's immunizations up to date?

- ○ Yes
- ○ No Immunizations
- ○ Incomplete
- ○ Delayed Schedule

Has the patient ever been hospitalized overnight for Pneumonia, RSV, Asthma, or Bronchitis? (Do not include ER and Urgent Care visits where patient was sent home same day.)

- ○ No
- ○ Pneumonia
- ○ Asthma
- ○ RSV
- ○ Bronchitis

Has the patient ever been admitted in a hospital ICU, NICU, or PICU? Please include approximate date and reason.

ICU, NICU, or PICU	Reason	Approximate Date

Does the patient have any of these pets living with them at home?

- ○ None
- ○ Dog
- ○ Cat
- ○ Horse
- ○ Other:_____