

Allergy and Asthma care of Brooklyn
10 Plaza Street #1E
Brooklyn, NY 11238

Patient's Name: _____

Dear Patient:

We want to make your visit to the Allergy and Asthma Care of Brooklyn a positive experience. To help make this happen, we are sending this form to you to complete at home. Please answer the questions below and bring this form with you on your appointment day. Thank you in advance for your cooperation.

1. Please tell us briefly why you are coming for an allergy evaluation: _____

2. Does anyone in your immediate family have a history of allergies or asthma: _____

3. Do you smoke? Y____ N____ How long? _____ How much? _____

Are you an ex-smoker? Y____ N____ When did you quit? _____ Exposed to smoke? _____

4. Do you drink alcohol? Y____ N____ Amount/type _____

5. Do you have pets in the house? Y____ N____ If yes, what type _____

6. As far as you know, are you allergic to any medication? Y____ N____

If yes, please list them: _____

7. As far as you know, are you allergic to any foods? Y____ N____

If yes, please list them: _____

8. Have you had any severe reactions after eating any foods? Y____ N____

If yes, please list food and type of reaction: _____

9. Is your bedroom carpeted? _____

10. Are your pillows feather or synthetic? _____

11. What is your occupation? _____ Do you work inside or outside? _____

12. Please list any major past or current illnesses or any surgeries: _____

13. Please list any medication you take regularly: _____

14. Review of systems (check any that apply)

EARS: hearing loss discharge itching surgery other _____

NOSE: dripping stuffiness bleeding problems smelling post nasal drip injuries nasal sprays snoring other _____

EYE: itchy watery red other _____

THROAT: cough soreness bad breath/taste throat clearing other _____

HEAD: Pressure congestion pain other _____

LUNGS: difficulty breathing wheezing cough other _____

SKIN: eczema itching hives other _____

15. Any other concerns? _____

16. Name and phone number of your primary care doctor (or pediatrician) _____