

PATIENT QUESTIONNAIRE

This questionnaire will enable your doctor to learn important medical information about you so she can focus her evaluation and testing appropriately.

Medical History

Patient name: _____ Date: _____
Person filling out form: Patient: ___ Other: ___ Relationship to patient: _____
Reason for coming (problems, symptoms, etc.) _____
Current medications: _____
Drug reactions: _____
Occupation: _____ Retired? _____ Student? _____
Have you been treated or tested for allergies/asthma before? No_ Yes-When? _____

Family Medical History	Patient	Mother	Father	Siblings
Major illnesses	_____	_____	_____	_____
Surgeries	_____	_____	_____	_____
Allergies/Asthma	_____	_____	_____	_____

How often do you drink alcohol?(Daily, Frequently, Occasionally) _____
Smoking currently? Y/N ___ In the past? Y/N How many years? _____ Packs daily? ___
Did/do you have skin rashes/eczema? _____
Immunizations current? Y ___ N ___
Chronic or recurring infections? Y_ N_ Explain: _____
Symptoms worse during day? ___ Night? ___ Explain: _____
Cough (Y/N) ___ Wheeze ___ Shortness of breath ___ Tightness in chest ___
If yes, when & describe _____

Check things in your environment that make you feel unwell (list products & describe symptoms)

Perfumes _____	Down/feathers _____
Soaps/detergents _____	Grass/pollen/trees _____
Cosmetics/deodorants _____	Moldy areas/things _____
Disinfectants _____	Tobacco smoke _____
Insect control products _____	Yard work (mowing grass etc.) _____
Pets/animals _____	Insects (bees, wasps etc.) _____
Latex _____	Bed pillows _____
Cleaning fluids/sprays _____	Household cleaning (dusting etc.) _____

Miscellaneous Information

Do you feel worse during certain times of the year? N ___ Y ___
Winter ___ Spring ___ Summer ___ Fall ___
What are your favorite hobbies? _____
How many days of school/work did you miss last year? _____ Reason? _____
What precautions do you take for allergy problems? (Pillow covers, air filters etc) _____
List foods that give you problems/describe _____
List foods you avoid/why _____
Any additional information that would be useful?

