Allergy & Asthma of the Black Hills – New Patient "Respiratory Symptom" History & Physical Form

Name: Age: DOB: Date: Your Main Reason for this Visit:

Current Medications: ❑ None

Past Medical Problems & Surgeries: ❑ None
❑ Asthma ❑ Hypertension ❑ Past heart attack/disease
❑ Sinus surgery ❑ Tonsils removed ❑ Adenoids removed
Other Problems (Please List):

Drug Allergies: ❑ None

Family Medical Problems: Who?
❑ Allergies ❑ Asthma
❑ Eczema
❑ Immunodeficiency

*** Circle Only Serious Non-Allergy Related Problems** ❑ None *(Please go to Next Section)*

GEN	Fever Chills Unexpected Weight Loss Excess Weakness/Fatigue
CV	Chest Pain Ankle/Leg Swelling Air Hunger Lying Flat Palpitations
GI	Heart Burn/Reflux/Belching Nausea/Vomiting Belly Pain Bloody Stools Diarrhea
GU	Urinary Burning Excessive Urination Incontinence Difficulty Urinating
END	Always Hot Always Cold Excessive Thirst Menstrual Problems
EYES	Vision Loss Pain Blurring Very Dry Eyes Light-Aversion Redness
ENMT	Ear Pain Ringing Heavy Nose Bleeds Mouth Sores Difficulty Swallowing
RESP	Phlegm/Sputum Coughing Blood Pain with Breathing >2 Past Pneumonias
A/I	Latex Allergy Food Intolerances-Allergies Frequent Infections
SKIN	Sores Scaling Color Changes Hair/Nail Changes Rashes

Smoking: ❑ Never ❑ Previous *(Quit____ years ago)* ❑ Current [packs/day____, #YRS?____
Are there are indoor smokers at: ❑ Home ❑ Work ❑ No Exposures

Occupation: _____

Where are Symptoms Worse? : ❑ Home ❑ Work ❑ School ❑ No Difference

Describe Your Home: ❑ cats #____ ❑ dogs #____ ❑ other animals: _____
❑ Animals in Bedroom ❑ Wood Fireplace ❑ Wood Stove ❑ Your Bedroom is in a Basement
❑ Water Damage ❑ Moldy Smelling ❑ Use Humidifier/Vaporizer ❑ Has Air Condition
❑ Carpet in Bedroom ❑ Allergy Covers are on Bed/Pillow ❑ HepaFilter in Bedroom

Nose/Eye Allergy & Sinus Symptoms ❑ None *(Please go to Next Section)*

Congestion_____ Sinus Presure_____ Loss of Smell_____ Sore Throat_____
Itchy/Watery Nose_____ Itchy/Watery Eyes_____ Throat Clearing_____
Sneezing _____ Sinus Headaches: _____ Post Nasal Drip_____ Other:

❑ Mild ❑ Moderate ❑ Severe *(❑ affects work, school, quality of life)*

Have had Approximately _____ years *(& is getting: ❑ better ❑ same ❑ worse)*

❑ Year-round ❑ Spring ❑ Summer ❑ Autumn ❑ Winter ❑ Other

Perceived triggers? ❑ None ❑ Pollen ❑ Mold ❑ Dust ❑ Cats ❑ Dogs ❑ Smoke
❑ Perfumes ❑ Cold Air ❑ Eating ❑ Other:

Do You Think You Have Sinusitis Today? ❑ No ❑ Yes

How Many Uses Of Antibiotics For Sinusitis In The Last 12 Months?____

Have you ever had a Sinus XRAY or CT Scan? ❑ No ❑ Yes

Have You Ever Had Sinus Surgery? ❑ No ❑ Yes *(when ?*

Do Medications Fully Control Your Symptoms? ❑ No ❑ Yes
What works?

What hasn't?

Have you ever had Allergy Shots *(Immunotherapy)*? ❑ No ❑ Yes *(when ?*

If so, Did They Help? ❑ No ❑ Yes

Would You Like To Be Skin Tested Today/Soon? ❑ No ❑ Yes

If Positive, Do You want to start Allergy Shots? ❑ No ❑ Yes

Chest Symptoms ❑ None

Cough _____ Wheezing_____ Chest Tightness_____
Shortness of Breath_____ Sputum Production_____ Throat Tightness_____
Other:

❑ Mild ❑ Moderate ❑ Severe *(❑ affect work, school, quality of life)*

Have had Approximately _____ years *(& is getting: ❑ better ❑ same ❑ worse)*

❑ Year-round ❑ Spring ❑ Summer ❑ Autumn ❑ Winter ❑ Other

Perceived triggers? ❑ None ❑ Pollen ❑ Mold ❑ Dust ❑ Cats ❑ Dogs ❑ Perfume
❑ Exercise ❑ Colds ❑ Sinus ❑ Indigestion ❑ Aspirin ❑ Anxiety ❑ Smoke ❑ Cold Air

Frequency Of YOUR Daytime Symptoms:	❑ ≤ 2 times per week	❑ > 2 times per week	❑ daily	❑ continual
Your Nighttime Symptoms/Awakenings:	❑ ≤ 2 times per month	❑ > 2 times per month	❑ ≥ 1 times per week	❑ frequent
Your Activities Are Limited/Slowed:	❑ ≤ 2 times per week	❑ > 2 times per week		❑ frequent
"Rescue Drugs" Use: *(Ie: Proventil)*	❑ < 2 times per week	❑ ≥ 2 times per week	❑ ≥ 1 times per day	❑ Every few hours

How Many PAST "ASTHMA" HOSPITALIZATIONS? _____

How Many ER/URGENT-CARE VISTIS For "ASTHMA" in the LAST 12 Months? _____

# of Days LOST From School/Work In The Last Year Due To "Asthma?" _____

Of Times STEROID Pills/Shots Used For "Asthma" In The Last Year? _____

More HPI Notes or Other Problems (in addition to above):