

# NEAAI

NORTHEAST ALLERGY, ASTHMA, & IMMUNOLOGY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

What are the health issues that we follow you for?	How have they been since the last visit? (better/worse/same....)	Do you need better control of this problem?
1)		
2)		
3)		
4)		

### Medicines that you are taking:

Please add the medicines used since the last visit and the actual amount used

#### Every day medicines:

Name \_\_\_\_\_ ; Strength \_\_\_\_\_ ; Frequency; \_\_\_\_\_ times a day, \_\_\_\_\_ times a week; helps? \_\_\_\_\_  
Name \_\_\_\_\_ ; Strength \_\_\_\_\_ ; Frequency; \_\_\_\_\_ times a day, \_\_\_\_\_ times a week; helps? \_\_\_\_\_  
Name \_\_\_\_\_ ; Strength \_\_\_\_\_ ; Frequency; \_\_\_\_\_ times a day, \_\_\_\_\_ times a week; helps? \_\_\_\_\_  
Name \_\_\_\_\_ ; Strength \_\_\_\_\_ ; Frequency; \_\_\_\_\_ times a day, \_\_\_\_\_ times a week; helps? \_\_\_\_\_

#### As needed medicines taken when symptoms arise:

Name \_\_\_\_\_ ; Strength \_\_\_\_\_ ; Frequency; \_\_\_\_\_ times a day, \_\_\_\_\_ times a week; helps? \_\_\_\_\_  
Name \_\_\_\_\_ ; Strength \_\_\_\_\_ ; Frequency; \_\_\_\_\_ times a day, \_\_\_\_\_ times a week; helps? \_\_\_\_\_  
Name \_\_\_\_\_ ; Strength \_\_\_\_\_ ; Frequency; \_\_\_\_\_ times a day, \_\_\_\_\_ times a week; helps? \_\_\_\_\_  
Name \_\_\_\_\_ ; Strength \_\_\_\_\_ ; Frequency; \_\_\_\_\_ times a day, \_\_\_\_\_ times a week; helps? \_\_\_\_\_

#### Any changes in your health?

#### Any changes in your environment/home?

#### Please circle if the patient is experiencing any of the below:

GENERAL: Fever, chills, night sweats, weight loss, feeling tired a lot of the time

HEAD, EARS, EYES, NOSE, THROAT: Vision changes, hearing changes, sore throat, snoring, congestion, runny nose

RESPIRATORY: Difficulty breathing, cough, shortness of breath

CARDIOVASCULAR: Chest pain, heart skipping a beat

GASTROINTESTINAL: Vomiting, diarrhea, constipation, heart burn

GENITOURINARY: Pain with urination, blood in urine, increased frequency of urination

HEMATOLOGICAL: Easy bruising, easy bleeding

SKIN: Rashes, itching

MUSCULOSKELETAL: Muscle pain, joint pain, joint swelling

NEUROLOGICAL: Seizures, headaches

ENDOCRINE: Get really hot easily, get really cold easily

PSYCHIATRIC: Anxiety, depression, not sleeping well, feeling very stressed