Northeast Allergy, Asthma & Immunol
New Patient History Form

Name: _____ Date: _____
DOB: _____ MRN: _____

Please check if you have had any of the following

MEDICAL ILLNESSES

___ Heart disease
___ High blood pressure
___ Blood clots/phlebitis
___ Stroke
___ Diabetes
___ Asthma
___ Arthritis
___ Gout
___ Thyroid disease
___ Ulcers
___ Lupus
___ Tuberculosis
___ Hepatitis
___Cancer
___ Migraines
___ Osteoporosis
___ Other:

SURGERIES OR HOSPITALIZATIONS:

Type Date

_____
_____
_____
_____

EVERY DAY MEDICATIONS:

Name Strength Frequency

_____
_____
_____
_____
_____
_____

AS NEEDED MEDICATIONS:

Name Strength Frequency

_____
_____
_____
_____

FAMILY HISTORY : Please check if a blood relative has suffered from any of the following:

___ Asthma
___ Eczema
___ Heart disease
___ Immunodeficiency
___ Seasonal allergies
___ Thyroid
___ Diabetes
___ Lupus
___ Insect allergy
___ Food allergies
___ Other:

SOCIAL HISTORY

Occupation: _____

Pets?: _____

Carpeting in the home?: _____

Mold in the home?:_____

Do you or does anyone at home smoke? Y
Amount per day: _____

Do you drink any alcohol? Yes / No
Amount per week: _____

REVIEW OF SYMPTOM

(Please circle if you have experienc
following problems in the past **6 MO**
circle "none" if not.)

GENERAL: fever - chills - night sweats - we
feeling tired a lot of the time; none.
HEAD/EARS/EYES/NOSE/THROAT: visi
hearing changes - sore throat - recurrent sinus
snoring - congestion - runny nose; none.
RESPIRATORY: difficulty breathing - short
coughing; none.
CARDIOVASCULAR: chest pain - heart sk
none.
GASTROINTESTINAL: vomiting - diarrhe
heart burn; none.
GENITOURINARY: pain with urination - b
increased frequency of urination; none.
HEMATOLOGICAL: easy bruising - easy b
SKIN: rashes - itching - hives; none.
MUSCULOSKELETAL: muscle pain - join
swelling; none.
NEUROLOGICAL: seizures - headaches; n
ENDOCRINE: get really hot easily - really c
PSYCHIATRIC: anxiety - depression - not s
none.

REASON FOR VISIT: _____
_____
_____
_____

ogy

_____
_____

_____

_____

Yes / No
_____

_____

MS
ed any of the
NTHS. Please

eight loss -

ion changes -
s infections -

ness of breath -

ipping a beat;

ea - constipation -

lood in urine -

bleeding; none.

t pain - joint

one.
cold easily; none.
sleeping well;

_____
_____
_____
_____