

Grosse Pointe Allergy and Asthma Center, PC.

Appointment Date: _____ Physician: Pierantoni Salazar Decco White

Name: _____ Sex: M F Date of Birth: _____ Age: _____

Occupation: _____ Grade if Student: _____

Referring Physician: _____

1. CHIEF COMPLAINT

Please circle and describe the reason(s) that you are seeing the

Sneezing	Cough	Eczema	Other _____
Stuffy Nose	Wheeze	Sinus Infections	_____
Runny Nose	Shortness of Breath	Food Allergy	_____
Itchy Eyes	Skin Rash	Drug Allergy	_____
Watery Eyes	Hives	Stinging Insect Allergy	_____

2. HISTORY:

When did the problem(s) begin? _____

How often do the problem(s) occur? Every Day Off & On Rarely Seasonally ----- Spring Summer Fall Winter

What makes the problem(s) worse? Dust Mold Trees Grass Weeds Foods Drugs

Exercise Odors Smoke Animals Weather Change Respiratory Infection

Others _____

What makes it better? _____

What medications do you use for this? _____

What medications have you used in the past? _____

What other medications do you take? _____

Please list any over the counter and/or herbal medications or supplements that you take:

3. PAST MEDICAL HISTORY

Have you ever had: (check box and describe)

- Previous Allergy Testing
- Food Allergy
- Drug Allergy
- Latex Allergy
- Stinging Insect Allergy
- Allergy to Animals
- Frequent Respiratory Infections
- Frequent Ear Infections
- Frequent Sinus Infections
- Asthma
- Bronchitis
- Pneumonia
- Chronic Lung Disease
- Skin Problems (hives, eczema – rashes)
- Heart Problems (chest pain, palpitations, irregular heart beat)
- High Blood Pressure
- Frequent Heartburn/Acid Reflux
- Kidney/Bladder/Prostate Problems
- Menstrual Problem
- Frequent Headaches/Migraines
- Abnormal Blood Sugar
- Thyroid Disease
- Arthritis/Joint Disease
- Osteoporosis
- Muscular Disease
- Cancer

Describe: _____

Are you currently experiencing: (check box and describe)

- Headache
- Earache
- Vision Problems
- Hearing Problems
- Dizziness
- Sore Throat
- Trouble with Swallowing
- Chest Pain
- Cough
- Shortness of Breath
- Stomach Ache
- Diarrhea
- Constipation
- Frequent Urination
- Painful Urination
- Joint Pain/Swelling
- Muscle Pain
- Chills
- Fever
- Emotional Problems

Immunizations

- Childhood Immunizations up to date
- Last Flu Shot _____
- Last Pneumovax (pneumonia shot) _____

Previous Surgery or Hospitalization
Describe _____

4. ENVIRONMENTAL/SOCIAL HISTORY

How old is your home? _____ How long have you lived there? _____

Style: House Condo/Apartment Mobile Home

Location: City Suburb Country Near Water

Heat: Forced Air Steam Hot Water Other _____

A/C: Central Room Unit None

Air Purifier: Central Room Unit HEPA Electric None

Bedroom: Carpet Wood Floor Feathers/Down

Pets: Dog Cat Other _____ How many of each? _____ For how long? _____

Do you smoke? Yes No If yes, how much? _____, and for how many years? _____

Have you smoked in the past? Yes No If yes, how much? _____, and for how many years? _____

Smokers in the house? Yes No If yes, how many? _____

5. FAMILY HISTORY

	MOTHER	FATHER	SIBLINGS	GRAND PARENTS
ALLERGIES	_____	_____	_____	_____
HAY FEVER	_____	_____	_____	_____
ASTHMA	_____	_____	_____	_____
ECZEMA	_____	_____	_____	_____
DRUG ALLERGY	_____	_____	_____	_____
HEART DISEASE	_____	_____	_____	_____
DIABETES	_____	_____	_____	_____
CANCER	_____	_____	_____	_____
HYPERTENSION	_____	_____	_____	_____
FOOD ALLERGY	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Reviewed by: _____

Date: _____

FOR OFFICE USE

PFT _____ Not Done _____ Normal _____ Abnormal _____

Reversibility _____ Full _____ Partial _____ None _____

DIAGNOSIS

PLAN

_____ 2893 Adenitis Cervical	_____
_____ 496 Airway Obstruction, Chronic	_____
_____ 4928 COPD Emphysema	_____
_____ 49120 Bronchitis, Chronic	_____
_____ 5186 Allergic Bronchopulmonary Aspergillosis	_____
_____ 4779 Allergic or Vasomotor Rhinitis	_____
_____ 99560 Anaphylaxis, Foods	_____
_____ 9950 Anaphylaxis, Unspecified (NOS)	_____
_____ 9951 Angioedema	_____
_____ 2776 Angioedema, Hereditary	_____
_____ 49390 Asthma, Bronchial.Allergic	_____
_____ 49310 Asthma, Bronchial, Intrinsic/Late Onset	_____
_____ 49320 Asthma, Bronchial wCOPD	_____
_____ 49300 Asthma, Bronchial, Childhood	_____
_____ 49322 Asthma, Chronic, Obs., Exacer.	_____
_____ 49302 Asthma, Intrinsic, Exacer.	_____
_____ 49312 Asthma, Intrinsic, Exacer.	_____
_____ 49382 Asthma, Other, Exacer.	_____
_____ 49392 Asthma, Unspec., Exacer	_____
_____ 49391 Asthmaticus, Status	_____
_____ 4660 Bronchitis, Acute	_____
_____ 7862 Cough	_____
_____ 4644 Croup	_____
_____ 37214 Conjunctivitis, Allergic	_____
_____ 37203 Conjunctivitis, (Mucopurulent)	_____
_____ 6918 Dermatitis, Atopic	_____
_____ 6929 Dermatitis, Contact, Unspecified	_____
_____ 99520 Drug Reaction, Adverse	_____
_____ 53081 Esophageal Reflux	_____
_____ 6931 Food Allergy	_____
_____ 7840 Headache	_____
_____ 2793 Immune Deficiency	_____
_____ 4871 Influenza Syndrome	_____
_____ 9895 Insect Allergy	_____
_____ 1120 Oral Candidiasis	_____
_____ 38010 Otitis External	_____
_____ 3820 Otitis Media, Acute	_____
_____ 38110 Otitis, Chronic	_____
_____ 3814 Otitis Media, Serous	_____
_____ 462 Pharyngitis	_____
_____ 486 Pneumonia, Acute	_____
_____ 5183 Pneumonia Eosinophille	_____
_____ 4719 Polyps, Nasal	_____
_____ 4718 Polyps, Sinus	_____
_____ 6989 Pruritis	_____
_____ 4720 Rhinitis, Purulent or Non Allergic	_____
_____ 4619 Sinusitis, Acute	_____
_____ 4739 Sinusitis, Chronic	_____
_____ 470 Septal Deviation	_____
_____ 4659 URI	_____
_____ 7089 Urticaria, Acute-NOS	_____
_____ 7088 Urticaria, Chronic	_____
_____ 7081 Urticaria, Idiopathic	_____
_____ 07999 Viral Syndrome	_____