Allergy & Asthma CONSULTANTS

Breathe easier with rapid allergy and asthma relief

Creve Coeur
711 Old Ballas Road, Suite 100
Creve Coeur, MO 63141
Phone: 314-569-0510 - Fax: 314.569.1085

St. Peters
3701 N. St. Peters Parkway, Suite C-3
St. Peters, MO 63376
Phone: 314-569-0510 - Fax: 314.569.1085

Clear Print Save

NEW PATIENT HISTORY

Patient's Name: _____ Age: _____
Last First Middle

Primary Care or Referring Physician: _____
Name Address

How do you hear about our office?

☐ Referred by physician: (name): _____
☐ Referred by family or friend
☐ Facebook
☐ Advertisement
☐ Internet
☐ Other: _____

Please check Yes or No:

Symptoms		
Cough?	☐ Yes	☐ No
Wheeze?	☐ Yes	☐ No
Tight Chest?	☐ Yes	☐ No
Fatigue?	☐ Yes	☐ No
Shortness of breath	☐ Yes	☐ No

Eye Symptoms		
Itching?	☐ Yes	☐ No
Watering?	☐ Yes	☐ No
Redness?	☐ Yes	☐ No
Puffiness?	☐ Yes	☐ No

Nasal Symptoms		
Nasal Drainage?	☐ Yes	☐ No
Sneezing?	☐ Yes	☐ No
Stuffy nose?	☐ Yes	☐ No
Mouth Breathing?	☐ Yes	☐ No
Itch of the roof of your mouth?	☐ Yes	☐ No
Snoring?	☐ Yes	☐ No
Sinus Headache?	☐ Yes	☐ No

Ear Symptoms		
Itching?	☐ Yes	☐ No
Infections?	☐ Yes	☐ No

Skin Symptoms		
Hives?	☐ Yes	☐ No
Rashes?	☐ Yes	☐ No
Eczema?	☐ Yes	☐ No

Have you had sinus infections? ☐ Yes ☐ No
If yes, how often? _____

Do symptoms awaken you at night? ☐ Yes ☐ No
If yes, which symptoms and how often? _____

Are you limited in your daily activities? ☐ Yes ☐ No

Do you miss days of work/school because of your illness? ☐ Yes ☐ No
How many in the last year? _____

Have you gone to the emergency room because of asthma/allergy episodes? ☐ Yes ☐ No

Allergy & Asthma CONSULTANTS

Breathe easier with rapid allergy and asthma relief

Creve Coeur
711 Old Ballas Road, Suite 100
Creve Coeur, MO 63141
Phone: 314-569-0510 - Fax: 314.569.1085

St. Peters
3701 N. St. Peters Parkway, Suite C-3
St. Peters, MO 63376
Phone: 314-569-0510 - Fax: 314.569.1085

ALLERGY/ASTHMA TRIGGERS

Which of the following trigger your symptoms?

Certain times of the year? ☐ Yes ☐ No If yes, which times? _____
Open windows? ☐ Yes ☐ No
Animals ☐ Yes ☐ No If yes, which ones? _____
Cutting grass? ☐ Yes ☐ No
Food? ☐ Yes ☐ No If yes, which ones? _____
House dust/vacuuming? ☐ Yes ☐ No
Damp, musty areas? ☐ Yes ☐ No
Cold air? ☐ Yes ☐ No
Exercise? ☐ Yes ☐ No
Irritants? *(Perfumes, aerosol sprays, etc.)* ☐ Yes ☐ No

Are you allergic or sensitive to any medications? ☐ Yes ☐ No

Have you ever had a life threatening reaction to:

Foods: ☐ Yes ☐ No Insect stings (bee, wasp): ☐ Yes ☐ No Rubber/latex: ☐ Yes ☐ No

MEDICAL/ALLERGY TESTING

Have you ever had?

Chest X-Ray? ☐ Yes ☐ No
If yes, date of most recent X-Ray: _____ Where was test done? _____
Results: _____

Sinus X-Ray or CAT Scan of sinuses? ☐ Yes ☐ No
If yes, date? _____ Where was test done? _____
Results: _____

Allergy Testing? ☐ Yes ☐ No
If yes, date of most recent test: _____ Where was test done? _____
Results: _____

Have you ever taken allergy shots? ☐ Yes ☐ No
If yes, how long? _____ When? _____

Pulmonary Function Testing? ☐ Yes ☐ No
If yes, date of most recent test: _____ Where was test done? _____
Results: _____

Allergy & Asthma CONSULTANTS

Breathe easier with rapid allergy and asthma relief

Creve Coeur
711 Old Ballas Road, Suite 100
Creve Coeur, MO 63141
Phone: 314-569-0510 - Fax: 314.569.1085

St. Peters
3701 N. St. Peters Parkway, Suite C-3
St. Peters, MO 63376
Phone: 314-569-0510 - Fax: 314.569.1085

List your current allergy/asthma medications, including over-the-counter medications:

Medication	Dose	How Often?

List your other medications, including over-the-counter medications:

Medication	Dose	How Often?

Have you ever taken prednisone, cortisone or other steroids *(by mouth)*? ☐ Yes ☐ No

Are you allergic or sensitive to any medications? ☐ Yes ☐ No

If yes, which ones? _____

FAMILY HISTORY

Do other family members have asthma, sinus problems, or frequent infections? ☐ Yes ☐ No

If yes, who? _____

PREGNANCY

Are you currently pregnant? ☐ Yes ☐ No *Not applicable if male, postmenopausal, or child*

Are you planning a pregnancy? ☐ Yes ☐ No

SMOKING

Do you currently smoke? ☐ Yes ☐ No

Have you smoked in the past? ☐ Yes ☐ No

If yes, for how many years? _____ How much a day? _____ When did you quit? _____

Does anyone in your home smoke? ☐ Yes ☐ No

Do you drink alcoholic beverages? ☐ Yes ☐ No

If yes, for how many drinks per day? _____

Allergy & Asthma CONSULTANTS

Breathe easier with rapid allergy and asthma relief

Creve Coeur
711 Old Ballas Road, Suite 100
Creve Coeur, MO 63141
Phone: 314-569-0510 - Fax: 314.569.1085

St. Peters
3701 N. St. Peters Parkway, Suite C-3
St. Peters, MO 63376
Phone: 314-569-0510 - Fax: 314.569.1085

TYPE OF HOME

☐ Single family dwelling ☐ Apartment ☐ Condo ☐ Mobile home Age of home: _____

Is there a basement? ☐ Yes ☐ No

If yes, is it? ☐ Always dry ☐ Rarely leaky ☐ Frequently leaky

Does your basement smell damp or musty? ☐ Yes ☐ No

If no basement, is there a? ☐ Concrete slab ☐ Crawlspace

If yes, which ones? _____

HEAT/AC

Air Conditioning? ☐ Yes ☐ No ☐ Window Unit ☐ Central

Heat? ☐ Yes ☐ No ☐ Gas ☐ Electrical ☐ Radiant ☐ Wood

Humidifier on furnace? ☐ Yes ☐ No

Do you use a fireplace or wood-burning stove? ☐ Yes ☐ No

If yes, how often? _____

Do you open windows in mild weather? ☐ Yes ☐ No

Do you have an attic fan? ☐ Yes ☐ No

BEDROOM

Location of bedroom? ☐ Basement ☐ Ground floor ☐ Second floor or above

Floor cover in bedroom? ☐ Carpet ☐ Tile ☐ Hardwood ☐ Linoleum ☐ Other: _____

If carpet, how old? _____ ☐ months ☐ years Composition, if know: _____

Stuffed animals in bedroom? ☐ Yes ☐ No If yes, how many? _____

If yes, how many? _____

Mattress

☐ Waterbed ☐ Conventional/Fiber-Filled

Fiber Content: _____ Age: _____ ☐ months ☐ years

Pillows

Fiber Content: ☐ Polyester-filled ☐ Feather/down ☐ Foam rubber Age: _____ ☐ months ☐ years

Do you have a down comforter? ☐ Yes ☐ No

ANIMAL/PETS

Do you have any? ☐ Yes ☐ No

If yes, kind(s) indoor? _____

If yes, kind(s) outdoor? _____

How long have you had the animal(s)? _____

HOUSE PLANTS

Do you have any? ☐ Yes ☐ No

If yes, how many and type? _____

Allergy & Asthma CONSULTANTS

Breathe easier with rapid allergy and asthma relief

Creve Coeur
711 Old Ballas Road, Suite 100
Creve Coeur, MO 63141
Phone: 314-569-0510 - Fax: 314.569.1085

St. Peters
3701 N. St. Peters Parkway, Suite C-3
St. Peters, MO 63376
Phone: 314-569-0510 - Fax: 314.569.1085

MEDICAL HISTORY

Have you ever had?

Bronchitis?	☐ Yes ☐ No	Blood disease?	☐ Yes ☐ No
Pneumonia?	☐ Yes ☐ No	Anemia?	☐ Yes ☐ No
Emphysema?	☐ Yes ☐ No	Osteoporosis?	☐ Yes ☐ No
Exposure to tuberculosis?	☐ Yes ☐ No	Bone fractures?	☐ Yes ☐ No
Positive TB skin test?	☐ Yes ☐ No	Stomach problems?	☐ Yes ☐ No
Other lung disease?	☐ Yes ☐ No	Ulcers?	☐ Yes ☐ No
Heart Problems?	☐ Yes ☐ No	Hernias?	☐ Yes ☐ No
Heart Attack?	☐ Yes ☐ No	Eye problems?	☐ Yes ☐ No
High blood pressure?	☐ Yes ☐ No	Cataracts?	☐ Yes ☐ No
High Cholesterol?	☐ Yes ☐ No	Glaucoma?	☐ Yes ☐ No
Diabetes?	☐ Yes ☐ No	Seizures?	☐ Yes ☐ No
Kidney disease?	☐ Yes ☐ No	Have you ever needed oxygen?	☐ Yes ☐ No
Liver disease?	☐ Yes ☐ No	Have you ever stopped breathing?	☐ Yes ☐ No
Cancer?	☐ Yes ☐ No		

Have you ever been hospitalized? ☐ Yes ☐ No

If yes, give reasons and dates:

Reasons for hospitalization	Dates

Have you ever had surgery? ☐ Yes ☐ No

If so, give reasons/procedures, dates:

Reasons	Procedure/s	Dates

Allergy & Asthma CONSULTANTS
Breathe easier with rapid allergy and asthma relief

Creve Coeur
711 Old Ballas Road, Suite 100
Creve Coeur, MO 63141
Phone: 314-569-0510 - Fax: 314.569.1085

St. Peters
3701 N. St. Peters Parkway, Suite C-3
St. Peters, MO 63376
Phone: 314-569-0510 - Fax: 314.569.1085

REVIEW OF SYSTEMS

Do you currently have:

Constitutional		
Fatigue	☐ Yes	☐ No
Fever	☐ Yes	☐ No

Hematology/Lymph		
Loss of appetite	☐ Yes	☐ No
Swollen glands	☐ Yes	☐ No

Musculoskeletal		
Joint pain/stiffness/swelling	☐ Yes	☐ No
Sciatica	☐ Yes	☐ No

ENT		
Loss of Smell	☐ Yes	☐ No
Hearing Loss	☐ Yes	☐ No
Ringing in Ears	☐ Yes	☐ No

Psychology		
Anxiety	☐ Yes	☐ No
Depression	☐ Yes	☐ No
Sleep disturbances	☐ Yes	☐ No

Cardiology		
Chest Pain	☐ Yes	☐ No
Dizziness	☐ Yes	☐ No
Palpitations	☐ Yes	☐ No

Gastroenterology		
Abdominal pain	☐ Yes	☐ No
Difficulty swallowing	☐ Yes	☐ No
Heartburn	☐ Yes	☐ No
Nausea/Vomiting	☐ Yes	☐ No

Ophthalmology		
Blurring of Vision	☐ Yes	☐ No
Diminished Vision	☐ Yes	☐ No
Vision Loss	☐ Yes	☐ No
Difficulty urinating	☐ Yes	☐ No

Endocrinology		
Cold/Heat intolerance	☐ Yes	☐ No
Excessive thirst	☐ Yes	☐ No
Increased urination	☐ Yes	☐ No
Endocrinology	☐ Yes	☐ No

Dermatology		
Hives	☐ Yes	☐ No
Rash	☐ Yes	☐ No
Dry or sensitive skin	☐ Yes	☐ No

Urology		
Difficulty urinating	☐ Yes	☐ No
Frequent urination at night	☐ Yes	☐ No

Neurology		
Memory Loss	☐ Yes	☐ No
Seizures	☐ Yes	☐ No

PEDIATRIC PATIENTS ONLY

Length of pregnancy? _____ months

Were there problems during pregnancy, delivery, or newborn period? ☐ Yes ☐ No

If yes, please explain: _____

Birth weight? _____ lbs. _____ oz.

Has your child had chicken pox? ☐ Yes ☐ No

Has your child had RSV? ☐ Yes ☐ No

Are your child's immunizations up to date? ☐ Yes ☐ No

RESEARCH STUDIES

Dr. Onder and Allergy and Asthma Consultants, P.C. conduct clinical research studies on new allergy and asthma medications. Would you be interested in you or your child participating in studies of new medications? ☐ Yes ☐ No ☐ Maybe