MedicalCenter Clinic℠

Ear, Nose, & Throat℠
Adult & Pediatric | Diagnosis | Treatment | Surgery
Medical Center Clinic

Allergy Patient Medical History Form

Patient Name: ______________________________

Age: ______ Sex: _______ DOB: ____/_____/________

Patient Number: ______________________________

Patient Label

A. How many of the following have you experienced?

- ☐ Fatigue
- ☐ Fever
- ☐ Weight Gain
- ☐ Drainage
- ☐ Wheezing
- ☐ Diabetes
- ☐ Weakness
- ☐ Weight Loss
- ☐ Dizziness
- ☐ Headache
- ☐ Thyroid, High or Low
- ☐ Swollen Lymph Nodes
- ☐ Itching, Rash, Hives
- ☐ Persistent Cough
- ☐ Anaphylaxsis (Swelling of tongue or throat, tightening of chest)
- ☐ Allergic Reaction, *specify* ____________________

B. Allergy Symptoms: *(please check beside all that apply)*

- ☐ Blurred vision: *Left, Right or Both*
- ☐ Pain/redness in eyes
- ☐ Itchy eyes
- ☐ Watery eyes
- ☐ Hoarsness
- ☐ Smell or taste change
- ☐ Dizziness
- ☐ Drainage
- ☐ Itching throat
- ☐ Snoring
- ☐ Ringing in ears
- ☐ Headaches
- ☐ Itching (general)
- ☐ Rash
- ☐ Hives
- ☐ Depression
- ☐ Tremor
- ☐ Anxiety
- ☐ Persitent cough
- ☐ Wheezing
- ☐ Shortness of breath
- ☐ Chest pain
- ☐ Palpitation
- ☐ No sleep/Insomnia

Are these symptoms constant or intermittent?

____

____

During which months do you usually have symptoms?

____

____

Do you have any known food allergies? ____

____

C. Medical Information: *(please check beside all that apply)*

What medications (prescription and OTC) do you take?

- ☐ Aspirin
- ☐ Cortisone
- ☐ Tranquilizers
- ☐ Sedatives
- ☐ Birth Control
- ☐ Antibiotics
- ☐ Vitamins
- ☐ Ointments
- ☐ Nose Drops/Sprays
- ☐ Hormones
- ☐ Thyroid Medication
- ☐ High Blood Pressure Medications
- ☐ Antihistamines
- ☐ Decongestants
- ☐ Anticholesterol Medications (Cholestramine)

List Others

____

____

____

____

Which medications relieve allergy symptoms? ____

____

Tobacco Use

- ☐ Never Smoked
- ☐ Current, Everyday Smoker
- ☐ Former Smoker (Quit Date: _________)

Have you ever been tested for allergies?

- ☐ No
- ☐ Yes, When?_____________________

REVERGENCE HEALTHCARE
AN AFFILIATE OF MEDICAL MANAGEMENT SERVICES

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