Allergy and Asthma Specialists of Kansas City

Name: Referred by:						
Date of birth:	Age:Today'	s date:	Primary physician: _			
Reason for visit:			Age or Date at onset:			
Patient History (3 pages):	Please check or describ	oe your symptoms:				
Eyes:	Ears:	Nose:				
Itchy	Itchy	Itchy	Loss of sense of smell			
Watery	Fullness	Congestion	Drainage (color)			
Red	Popping	Sneezes in a row	Snoring			
Pain	Pain	Sinus pain	Sinus infections/year			
Vision change	Hearing loss	Nosebleeds	Sinus x-ray/LCT sinus			
Discharge(color)	Infections/year		ENT physician			
Throat:	Mouth:	Eyes, Ears, Nose, Th	roat and Mouth Sym	ptom Frequency and	Causes:	
Drainage	Bleeding gums	Season: Spring	Summer Fall	Winter Year a	round	
Sore throat	Dental caries	Time of day: Morning	Afternoon	Evening Night	_	
Hoarse voice	Oral lesions	Causes: Travel D	ust Smoke	Stress Job/school	Pets	
Itchy throat	Itchy roof	Pollen Dampness _	Weather change	Odors Food	Other	
Lower Respiratory (Chest) Symptoms:					
Respiratory (chest):	Chest Symptom Freq	uency:	Triggers for Ches	t Symptoms:		
Shortness of breath	Days per week: daytime	nighttime	Pollen	Pets		
Congested cough	Times per month	year	Exercise	Gastric reflux		
Dry cough	Hospitalized or Emergency	Hospitalized or Emergency visit for asthma		Irritant/smoke		
Sputum color	Courses of steroids in last 12	2 mos 6 mos	Mold	Aspirin/NSAID		
Wheezing	Seasonal worsening: spring	summer	Cold air	Infection (viral)		
Chest tightness		winter	Food	Occupational exposure		
	Year around		Pneumonia	Bronchitis		

Skin:	Gastrointestinal:	Food Reaction:		2
Rash	Nausea	Type		
Itchy	Vomiting			
Hives	Diarrhea	Reaction		
Eczema	Pain			
Dryness	Heartburn	How long after ingestion?		_
Swelling	Other	How long before gone?		_
Headaches :	Neurologic:	Immunology:	Other:	Environment :
Location	Balance problems	Immunocompromised	Latex allergy	Cats
Frequency	Numbness	Recurrent fevers	Bee sting reaction	Dogs
Nausea	Tingling	Recurrent infections	Last chest x-ray	Other pets(list)
Light sensitivity		recurrent infections	PFT (lung function)	Feather pillow
Dull pain			Allergy test in past	Damp in home
Sharp pain			Allergy shots in past	Smoker in home
Throbbing pain			Reaction to allergy shots	HEPA filter
<i>2</i> 1 ====			Last flu shot (date)	A/C help/worse
Migraines			` ′	A/C help/worse
			Pneumonia vaccine (date)	
Cardiovacaula	Canitaurina	Hamatalagy	Endogrina	Mucoulockolotel
Cardiovascular:	Genitourinary:	Hematology:	Endocrine:	Musculoskeletal:
Chest pain	Painful urination	Anemia	Cold intolerance	Neck pain
Palpitations	Frequent urination	Easy bruising	Heat intolerance	Joint pain
Fast heart rate	Infection (UTI)	Swollen glands	Change in hair	Muscle pain
Swollen ankles		Other	Flushing	Muscles weak

Medications: (list all current meds including as needed and ov	er the counter)	Allergies: (to medication)		
		Name of drug:	Reaction:	
			_	
			_	
			_	
			-	
		·	-	
			-	
Current Pharmacy: (name, address, and phone)				
Medical Problems: (ongoing or current illnesses)		Past Medical History	<u>v</u> : (inactive or resolved medical problems)	
-				
Family History: (check if applicable)	Patient Surger	es•	Social:	
· 	·			
Allergies Asthma Cystic Tb Other Fibrosis	Age or Year: For	;	Never smoked	
1010313			Smoked before	
Mother			Quityears ago	
Father	_		Current smoker:	
Sister				
Brother			How long years	
Grandparent	-		Packs per day	
Daughter				
	-		Alachal	
Son			Alcohol	
Aunt	-			
Uncle			Occupation	