Daher
ASTHMA AND ALLERGY CLINIC

PATIENT QUESTIONNAIRE FORM DAHER ASTHMA AND ALLERGY CLINIC

PATIENT'S NAME:
DATE OF BIRTH:

Date:

Reason for Visit:

DRUG ALLERGIES

PAST MEDICAL HISTORY:

REFERRING PHYSICIAN:

PHONE:

PRIMARYCARE PHYSICIAN:

FOOD ALLERGY:

INSECT ALLERGY:

PHARMACY:

LATEX ALLERGY:

Medication/strength/dosing:

SURGERY:

HOSPITALIZATIONS:

Daher Asthma and Allergy Clinic
2136 Exeter Rd, Suite 103
Germantown, TN 38138
901-203-6055
901-203-6056 (fax)
Revised 7/14/18

FAMILY HISTORY:
FOOD ALLERGIES _____
ASTHMA_____
ECZEMA_____
IMMUNE DISORDERS_____
ALLERGIC RHINITS_____
NASAL POLYPS _____
AGE OF MOTHER____ DECEASED?____
PAST HISTORY_____
AGE OF FATHER_____DECEASED?_____
PAST HISTORY_____
SIBLING HISTORY_____

PATIENT SYMPTOMS (PLEASE CIRCLE YOUR SYMPTOMS):

EYES: ITCHING/ WATERY/ SWELLING/ DRY/ REDNESS

NASAL: SNEEZING/ RUNNY NOSE/ CAN'T SMELL/ NASAL POLYPS/ POSTNASAL DRIP/ CONGESTION

SKIN: HIVES/ ECZEMA/ RASHES/ ITCHING

CHEST: COUGH/ WHEEZE/ SHORTNESS OF BREATH/ CHEST TIGHTNESS OR PAIN

SYMPTOM TRIGGERS:
-----INDOORS ___COLD AIR
-----OUTDOORS ___WARM AIR
-----ANIMAL DANDER ___ODOR/FUME
------GRASS ___ PAINT
------DUST ____EXERCISE
------MOLD
___MENSTRUAL CYCLE ___ASA/NSAID

Social History:

Do you smoke _____
Have you ever smoked? If so How long? _____Quit Date: _____
Pets: _____ INDOOR or OUTDOOR
Mold/water damage in home/work environment_____
Daycare/Group in-home care _____
Work Place exposure_____
Feather pillows_____

Immunizations:

Pneumovax _____
Prevnar _____
Are immunization up to date? _____
Flu shot _____

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