

New Patient Intake

Name _____ DOB _____ Ht _____ Wt _____

Here today for _____

History of: **Food allergy** **Eczema** **Seasonal allergies** **Asthma** **Sinusitis** **Other hives**

Medical problems / Operations _____

Prescribed / OTC Medicines _____

Drug Allergies _____

Preferred Pharmacy & number: _____

Home Hardwood Floors vs Carpeted
 Forced Air Heat Radiators
 Musty Basement Dry Basement

Pets No Breeds _____ In bedroom Not in bedroom

Occupation / School _____

Vaccines up-to-date Yes No _____

Asthma No Since age _____ Outgrowing? Yes No
 Symptoms cough wheeze tight chest short of breath
 Triggered by: colds exercise seasons pets
 Rescue inhaler: rarely occasionally frequently

Eczema No Since age _____ Outgrowing? Yes No
 Bathing how often _____ Steroid creams how frequently _____

Hives for reasons other than food No Yes _____

Allergies No Worse: spring summer fall winter never 100% pets _____

For Patients with Food Allergies or interest in OIT

How did you hear about OIT _____

Food allergies / History	Age onset	Reaction	Never ingested
<input type="radio"/> Egg _____	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Milk _____	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Peanut _____	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Tree nuts _____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Seeds _____	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> _____	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other _____	_____	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> _____	_____	<input type="radio"/>	<input type="radio"/>

Also avoiding other foods _____

Carry rescue Zyrtec / Benadryl - Epi / AuviQ? Always Often Nope _____

Avoid foods labeled: May Contain Made on shared equipment Made in a factory with..

Is your life impacted by food allergy? social activities travel restaurants camp stress anxiety

Please elaborate _____

