



**Previous surgery:**

Year	Type of surgery
_____	_____
_____	_____
_____	_____

**Previous hospitalizations:**

Year	Reason for hospitalizations
_____	_____
_____	_____
_____	_____

**Family history:**

Relative (1st degree)	Medical condition
_____	_____
_____	_____
_____	_____

**Social history:**

Home:    \_\_\_ Apt    \_\_\_ House    \_\_\_ Other: \_\_\_\_\_

Pets:    \_\_\_ Cat    \_\_\_ Dog    \_\_\_ Other: \_\_\_\_\_

Carpet:    \_\_\_ Living room    \_\_\_ Bedroom

Area Rug:    \_\_\_ Living room    \_\_\_ Bedroom

Feather:    \_\_\_ Comforter    \_\_\_ Pillow

Allergy bedding:    \_\_\_ Mattress    \_\_\_ Pillow

Smoking history:    \_\_\_ # of years \_\_\_ # of cigarettes  
                             \_\_\_ Quit in \_\_\_ and smoked for \_\_\_ years/months

Alcohol:    \_\_\_ # of drinks per week    \_\_\_ # of drinks per year

Recreational drugs:    \_\_\_ Yes    \_\_\_ No    \_\_\_ Type: \_\_\_\_\_

Exposure to cockroaches:    \_\_\_ Yes    \_\_\_ No

## Employment:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_ Carpet in office

## Review of Systems:

### Constitutional:

- \_\_\_ Weight change
- \_\_\_ Fever
- \_\_\_ Chills
- \_\_\_ Night sweats
- \_\_\_ Fatigue
- \_\_\_ Exposure to COVID+ person

### Eyes:

- \_\_\_ Pain
- \_\_\_ Swelling
- \_\_\_ Redness
- \_\_\_ Discharge
- \_\_\_ Itching

### Ear:

- \_\_\_ Hearing change
- \_\_\_ Pain
- \_\_\_ Swelling
- \_\_\_ Redness
- \_\_\_ Discharge

### Throat:

- \_\_\_ Dry mouth
- \_\_\_ Tooth pain
- \_\_\_ Throat pain
- \_\_\_ Trouble swallowing
- \_\_\_ Sore throat
- \_\_\_ Swollen lymph nodes
- \_\_\_ History of throat infection

### Nose:

- \_\_\_ Runny nose
- \_\_\_ Nasal congestion
- \_\_\_ Post nasal drip
- \_\_\_ Sneezing
- \_\_\_ Sinus pressure
- \_\_\_ Itchy nose
- \_\_\_ History of sinus infection

### Cardiovascular:

- \_\_\_ Chest pain
- \_\_\_ Shortness of breath
- \_\_\_ Difficulty breathing with exercise
- \_\_\_ Leg swelling

### Respiratory:

- \_\_\_ Cough
- \_\_\_ Sputum
- \_\_\_ Wheezing
- \_\_\_ Shortness of breath
- \_\_\_ Difficulty breathing

### Gastrointestinal:

- \_\_\_ Nausea
- \_\_\_ Vomiting
- \_\_\_ Abdominal pain
- \_\_\_ Difficulty swallowing
- \_\_\_ Constipation
- \_\_\_ Diarrhea
- \_\_\_ History of acid reflux
- \_\_\_ History of food impaction

### Musculoskeletal:

- \_\_\_ Joint pain
- \_\_\_ Joint swelling
- \_\_\_ Neck pain
- \_\_\_ Back pain

### Skin:

- \_\_\_ Itchy skin
- \_\_\_ Rash
- \_\_\_ Hives
- \_\_\_ Swelling
- \_\_\_ Dry skin
- \_\_\_ History of eczema

### Neurological:

- \_\_\_ Headache
- \_\_\_ Dizziness
- \_\_\_ Numbness
- \_\_\_ Syncope
- \_\_\_ Recent fall

### Psychiatry:

- \_\_\_ Anxiety/Panic
- \_\_\_ Depression
- \_\_\_ Insomnia
- \_\_\_ Mood changes

### Endocrine:

- \_\_\_ Weight loss
- \_\_\_ Weight gain
- \_\_\_ Temperature intolerance
- \_\_\_ Thyroid disease