

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

Recreational drugs: ___ No ___ Yes Type: _____

Exposure to cockroaches: ___ No ___ Yes

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