Name _____ Age _____ Today's Date _____
In a few words, the reason for my visit to Dr. Wein is _____
_____
My primary doctor is (if any): _____I was referred by (if any):_____
Were you ever allergy tested? ❒Yes ❒No Did you receive allergy injections? ❒Yes ❒No Where /When?

Now or in the past I have had:

❒Hayfever	❒Sinus Problem	❒Nasal Polyp	❒ Pneumonia	❒_____
❒Asthma	❒Eczema/Rash	❒Thyroid	❒Immune Problems	❒Heart Disease
❒Hives	❒Food Allergy	❒Eye contacts	❒Alcohol Treatment	❒Kidney Disease
❒Cataracts	❒ Insect Allergy	❒Cataracts	❒Pneumonia Vaccine	❒Ulcers
❒Diabetes	❒Latex Allergy	❒Glaucoma	❒Frequent Headaches	❒HIV
❒Chest X-ray	❒HiatalHernia	❒Nosebleeds	❒Tonsil Surgery	❒High blood pressure
❒Tuberculosis	❒Heartburn	❒Ear infection	❒Hearing problem	❒Liver Disease

My other medical conditions are _____
I have had surgery for _____

Current Medications: _____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
Medications I avoid because of allergy or intolerance: _____

Family History :	Asthma	Eczema	Hayfever	Cancer	Sinus	Heart disease	Other:
Father	❒	❒	❒	❒	❒	❒	❒ _____
Mother	❒	❒	❒	❒	❒	❒	❒ _____
Brother or Sister	❒	❒	❒	❒	❒	❒	❒ _____
Children	❒	❒	❒	❒	❒	❒	❒ _____

I've lived in Florida ____ years. I also lived in _____. Marital Status ___ Children _____
Other people living at home: _____
Hobbies/School: _____Foreign countries visited? _____
What type of work do you do? _____Previous occupation: _____
What aggravates your condition? _____
What makes it better? _____
What else have you tried? _____

Tell us about other exposures or anything else important… _____
_____ Smoking (age started and stopped) _____

Any symptoms (rash, hay fever, asthma, stomachache, loose bowels, nausea) after food ? Yes No
❒MILK ❒FISH ❒ALCOHOL ❒EGGS ❒SHELLFISH ❒COFFEE ❒FRUITS ❒WHEAT ❒PEANUTS
❒VEGETABLES ❒CHEESES ❒MELON ❒TOMATOES ❒CELERY ❒OTHER NUTS ❒ OTHER ___

I have recently had: _____

General	❒fatigue ❒chills ❒weight change	Skin	❒dryness❒ itching ❒rash, ❒hives
Ear/Throat	❒snoring❒ hearing loss ❒hoarse voice	Heart	❒chest tightness ❒palpitations
Stomach	❒diarrhea ❒nausea, ❒heartburn	Joints	❒joint pain ❒joint swelling
Lungs	❒wheeze❒ cough ❒short of breath	Urine	❒bloody ❒urine, ❒weak stream
		Nerves	❒dizziness ❒fainting ❒tremors

Other concerns I have are…….Thank you for allowing us to help you. Please tell us anything else which might help us to help you!