

Name \_\_\_\_\_ Date \_\_\_\_\_

Little Rock Family Practice Clinic Allergy /Environmental History

Symptoms: Runny nose <input type="checkbox"/>	nasal congestion <input type="checkbox"/>	post nasal drip <input type="checkbox"/>	sinusitis <input type="checkbox"/>
headache <input type="checkbox"/>	watery eyes <input type="checkbox"/>	itchy eyes <input type="checkbox"/>	asthma <input type="checkbox"/>
ear infections <input type="checkbox"/>	hives <input type="checkbox"/>	urticaria <input type="checkbox"/>	atopic dermatitis <input type="checkbox"/>
skin rash <input type="checkbox"/>	itching <input type="checkbox"/>	nausea/vomiting <input type="checkbox"/>	diarrhea <input type="checkbox"/>
irritable bowel <input type="checkbox"/>	fatigue <input type="checkbox"/>	pre-menstrual syndrome <input type="checkbox"/>	fibromyalgia <input type="checkbox"/>

Family history of allergy: None  Mother  Father  Brother/sister  Child

Age my symptoms began: 1-3  3-12  before age 20  after age 20

My symptoms are worse:  Spring  Summer  Fall  Winter

Symptoms are present: 2 – 4weeks  1-3 months  3-5 months  year round

Allergic triggers that I feel cause my symptoms are: house dust/ mites  trees   
grasses  weeds  molds  cats  dogs  other animals  foods

Non-allergic triggers causing my symptom: tobacco smoke  foods  perfumes   
pot pourri  home cleaning supplies  gas/diesel fumes  auto exhaust  weather  
changes  cold air  barometric changes  medications  heat/humidity

I have been allergy tested before and found to be allergic to : house dust mites  trees   
 grasses  weeds  molds  cats  dogs other animals  foods

I was tested by: skin tests  RAST, ImmunoCap or other blood test

I take medications for asthma  My asthma is: mild  moderate  severe   
I have had asthma in the past but “out grew” it  I have never had asthma

History of severe reactions or anaphylaxis: never  bee or wasp stings   
shellfish  peanut  other foods  medications  other \_\_\_\_\_

Medications I have used for my nasal symptoms: antihistamines  nasal steroids   
decongestants (oral or nasal spray)  Cromolyn  Singulair  Atrovent

Antihistamines provide me: little or no relief  moderate relief  near total relief

Decongestants provide me: little or no relief  moderate relief  near total relief

I am allergic to: milk and milk products  wheat  corn  sugar  soy   
Yeast

**Please list other illnesses and medications on the back of this page.**

Current medical illnesses: None  heart  lung  kidney disease  skin   
Other \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Please list the medications you are currently taking, including vitamins, hormones, over the counter drugs and herbal supplements:

_____	_____
_____	_____
_____	_____
_____	_____

You should not be allergy tested or receive allergy shots if you are on one of these or any other beta blocking medications for heart conditions, headaches or glaucoma. You will need to contact your physician and discuss changing or discontinuing the beta blocker in order to safely take allergy immunotherapy.

<u><b>Generic</b></u>	<u><b>Brand</b></u>	<u><b>Eye drops</b></u>
<i>Acebutolol</i>	Sectral	Timolol
<i>Atenolol</i>	Tenormin	Betoptic
<i>Betaxolol</i>	Kerlone	Betagan
<i>Bisoprolol</i>	Ziac	
<i>Carvedilol</i>		
<i>Labetalol</i>	Normodyne, Trandate	
<i>Metoprolol</i>	Lopressor, Toprol XL	
<i>Nadolol</i>	Corgard	
<i>Penbutolol</i>	Levatol	
<i>Pindolol</i>	N/A	
<i>Propranolol</i>	Inderal, InnoPran XL	
<i>Timolol</i>	Blocadren	

I am interested in being tested for pollens, molds, animal danders  foods   
both

I am interested in allergy shots or drops to control my allergies

Sign \_\_\_\_\_ Date \_\_\_\_\_

