**CHILD’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TODAY’S DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREFERRED NAME/PRONOUNS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAREGIVERS’ NAMES/CONTACT #S: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

==================================================================================================

**Primary Care Provider (Name/Clinic):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred by (Name/Clinic):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can we send a letter back to your child’s primary/referring provider(s)?** ☐ **YES** ☐ **NO**

**How did you hear about our practice?**

☐ Doctor/healthcare provider ☐ Recommended by family member/friend ☐ Insurance search

☐ Google/online search ☐ Advertisement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Drive-by sighting

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your primary goals for this visit/questions you have for your child’s doctor?**

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK THE SYMPTOMS YOUR CHILD IS CURRENTLY/VERY RECENTLY EXPERIENCING:**

**GENERAL: EYES: EARS/NOSE/SINUSES/THROAT:**

☐ Fever ☐ Itchy ☐ Stuffy nose ☐ Snoring

☐ Watery ☐ Runny nose

☐ Red ☐ Sneezing

☐ Puffy ☐ Itchy nose

**LUNGS: GI TRACT: SKIN:**

☐ Cough ☐ Difficulty swallowing ☐ Eczema

☐ Shortness of breath ☐ Weight loss ☐ Hives

☐ Wheezing ☐ Itching

☐ Swelling

**LOCAL PHARMACY: MAIL-ORDER PHARMACY:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cross-streets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have forms that you need completed by your doctor? ☐ YES ☐ NO

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**PAST MEDICAL HISTORY:**

Check all that apply:

☐ Seasonal allergies  ☐ Pet allergies ☐ Asthma/coughing/wheezing

☐ Spring ☐ Dogs ☐ With illness

☐ Summer ☐ Cats ☐ With exercise

☐ Fall ☐ Rabbits ☐ With allergy symptoms

☐ Winter ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_ ☐ With cold/humid air

☐ All year symptoms ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Around smoke/irritants

☐ Hives ☐ Eczema

☐ With heat exposure ☐ In the winter/cold exposure

☐ With cold exposure ☐ In the summer/heat exposure

☐ With pressure ☐ With exposure to chlorine

☐ With friction/vibration ☐ Due to foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Due to medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Due to environmental allergies\_\_\_\_\_\_\_\_\_\_\_\_

☐ Due to foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Food allergies -> list culprit foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Recurrent infections -> list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other conditions:

☐ Heartburn/reflux ☐ Heart disease ☐ Thyroid disease ☐ Latex allergy

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was your child previously been tested for allergies?** ☐ YES; when/where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ NO

**Did your child previously take allergy shots?** ☐ YES; how long/helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ NO

**Does your child have a penicillin allergy?** ☐ YES; did they have testing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ NO

**Prior severe reaction to a bee/wasp/hornet sting?** ☐ YES - have they had testing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ NO

**PAST SURGICAL HISTORY:**

☐ Tonsillectomy (year\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year\_\_\_\_\_)

☐ Adenoidectomy (year\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year\_\_\_\_\_)

☐ Sinus surgery (year\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year\_\_\_\_\_)

☐ Ear tubes (year\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year\_\_\_\_\_)

**PRIOR HOSPITALIZATIONS:**

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year\_\_\_\_\_)

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year\_\_\_\_\_)

==================================================================================================

**MEDICATIONS:**

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION ALLERGIES:**

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**FAMILY MEDICAL HISTORY:**

☐ Environmental allergies ☐ Asthma ☐ Eczema ☐ COPD

☐ Immune deficiency/severe infections ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOCIAL HISTORY:**

☐ No pet exposures ☐ Current pet exposures (type, location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Exposed to tobacco/vaping 2nd hand

☐ Travel outside the US in the past 6 months (list countries) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Primary language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Race/ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Country of origin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORKPLACE HISTORY:**

**Is your child currently in school?** ☐ YES ☐ NO

* If yes, what grade/school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are their symptoms worse at school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENVIRONMENTAL HISTORY:**

**Describe your home:** ☐ House ☐ Condo ☐ Townhome ☐ Apartment ☐ Other

☐ City ☐ Suburbs ☐ Rural area/farmstead ☐ Other

**What year was your home built? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your HVAC:**  ☐ Forced air heat ☐ Gas heat ☐ Electric heat ☐ Hot water heat

☐ Wood-burning stove ☐ Kerosene heat ☐ Space heater ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Central A/C ☐ Window A/C unit(s) ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ No mold/water damage in home ☐ Damp basement at times ☐ Current mold/water - needs remediation