



DE MERA

Allergy/Asthma Medical History

7045 N. Maple Ave.
Suite 108
Fresno, CA 93720
559 431 0340
559 431 0301 fax
www.DeMeraAllergy.com

Patient Name: _____ DOB: _____ Date: _____

Age: _____ Sex: _____ Ht: _____ Wt: _____ BMI: _____

Primary Physician: _____ Referring Physician: _____

Reason for Visit: _____

ALLERGY & ASTHMA QUESTIONS:

- | | | | |
|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September | <input type="checkbox"/> Year Round |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October | |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November | |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December | |

Problem Months:

Triggers which worsen Asthma (AS) or Allergy (AR) symptoms (check box if applicable):

- Pollens: AS / AR Dust: AS / AR Molds: AS / AR Smoke: AS / AR
 Wind: AS / AR Odors: AS / AR Heat: AS / AR Cold: AS / AR
 Exercise: AS / AR Animals: AS / AR Upper Respiratory Infections: AS / AR
 Bad Air Days: AS / AR Working Environment: AS / AR Other _____ ... AS / AR

Allergic Reaction To:

Bees Wasps Hornets Yellow Jackets Reaction: _____

Foods (list): _____

Reaction: _____

History of: Urticaria (hives) Swelling

ENVIRONMENT QUESTIONS (check applicable):

Dwelling: House Apartment Mobile Home

Age of home (years): _____

Heat/Air: Central Heating & Air Swamp cooler Wall heat Wall AC Fans Fireplace

Bedroom: WW carpet Area rugs Wood floors Blinds Drapes/Curtains

Bedding: Mattress/Box spring Mattress on frame Futon Waterbed

Pets: Cat (Indoor/Outdoor) # _____ Dog (Indoor/Outdoor) # _____ Rodent (Indoor/Outdoor) # _____

Bird (Indoor/Outdoor) # _____ Horse # _____ Other _____

Smokers: Indoors Outdoors