



DEMERA

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ALLERGY / ASTHMA MEDICAL HISTORY

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