

ALLERGY, ASTHMA & SINUS CTR. P.C.

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Patient Questionnaire

Name of patient _____ sex M F Date of birth _____ Date seen _____

* What is bothering you the most? Nose sinus eyes lungs Skin other _____

* How long you have been having the problem?

few days few weeks few months 1-2 yrs 2-4 yrs 5-10 yrs > 10 yrs All my life

A. Nose/ Sinus / Throat symptoms

____ nasal stuffiness / congestion ____ sneezing (some / lot) ____ runny nose ____ post nasal drip
____ mouth breathing ____ Itchy nose ____ Sniffing ____ throat clearing
____ snoring ____ burning nose ____ scratchy throat
____ Loss of sense of smell ____ Hoarseness
____ Sinus pressure ____ sore throat
____ headache ____ lump in throat
____ bleeding from nose
____ Sinus infection (..... times in the last 6 months. My last sinus infection requiring antibiotic was on.....)

* Nasal Discharge (in the last 1-3 weeks) clear white off white light yellow deep yellow green

* Blow your nose (in the last 1-3 weeks) hardly ever few times many times very often

B. Eye symptoms

____ swelling of the eyes ____ Itching ____ Red eyes ____ wear contact lenses
____ Dark circles/ swelling under the eyes ____ Dry sensation ____ Watering ____ Diagnosed to have glaucoma

C. Ear Symptoms

____ popping ____ Fullness ____ Itchy ears ____ Hearing loss
____ ringing ____ Sensation of water
____ Ear infections/ fluid in ears (..... ear infection in last 6 months)

* Which month (s) are symptoms worse?

year long
 spring summer fall winter
 March April May June July August September October November

* Severity of symptoms mild mild- moderate moderate- severe very severe

* Associated with Loss of sleep loss of sleep Decrease outdoor activity

* Worsened by

Don't know of any thing mowing lawn Cat Vacuuming the house work
 perfumes raking leaves Dog Outdoor humidity
 Smoke Weather change other animal _____

* What has been done ? Nothing Allergy skin test Allergy blood test
 Sinus CT scan (done when? _____) Sinus x-ray
 Saw an ENT doctor (when)

* Have you been diagnosed with Hay fever Vasomotor rhinitis Nasal polyp Deviated nasal septum
 Sinus infection / sinusitis Sinus polyp immune-deficiency

* What has been done to *treat* the problem?

- Over the counter*
- oral allergy or cough / cold medications (containing antihistamines)
oral decongestant like Sudafed, pseudoephedrine (no antihistamine)
allergy eye drops like naphacon, vasocon, Visine, artificial tears _____
 - nasal sprays : Afrin, Dristan, Four way, Equate etc**
(when did you use them last _____)
: salt water sprays like Ocean, Ayr

Prescription

- Zyrtec, Zytrec-D, Claritin, Clarinex, Claritin-D, Claritin D 24, Allegra, Allegra -180, allegra -D
Duratuss GP, Entex LA, Entex PSE, loratidine, Panaz, Guaituss, Duravent-DA, Allerx, Rynatan,
Ryna 12-S _____
- Eye drops:** Acular Alocril Alrex, Alomide Alamast Crolom Emadine Livostin Patanol,, Zatidor
- Beconase, Flonase, Nasacort, Nasacort-AQ, Rhinocort, Rhinocort Aqua, Nasonex, Nasarel, Vancenase,
- Astelin, Nasalcrom _____
- Cortisone like prednisone, Medrol dose pack,
- cortisone injection: Kenlog, Depomedrol, Aristocort
- Allergy shots (given every 1-3 weeks for months and years, given to help **build up** immunity)
- Antibiotics** amoxicillin Augmentin Augmentin ES Avelox, Bactrim, Biaxin Cefzil Ceclor
Cedax Ceftin cephalixin Cipro doxycycline Dynabac erythromycin Kephlex Levaquin
Omnicef Septra Sulpha Suprax, Tequin Vantin Zithromax
- Sinus surgery (clean sinuses) (when? _____)
nose surgery: septoplasty, turbinnectomy, polypectomy (When ? _____)

D. chest symptoms ? No Yes (how long? _____)

- Chest tightness Wheezing Shortness of breath difficulty taking a deep breath chest pain
- Cough phlegm (what is the color/ amount _____)

* Do you have *chest* symptoms every day few times / wk few times/month few episode/yr

* How long do *chest* sympt. last? minutes 10 min- few hrs up to few days

* Are these *chest* symptoms worse

- laying down exposure to cold air summer / spring / fall jogging/ running./ sports
- waking up in morning laughing cat/ dog/ walking around in the house
- smoke / odors vacuuming walking fast

* Do you wake up at night with NO Yes

- Cough/ shortness of breath (wake up every day 1-2 times/ week 1-2 times/month _____)
- Heartburn (every day 1-2 times/ week 1-2 times/month 3-5 times / month)
- Stuffy head other reasons

* Have the chest symptoms led to

- Emergency room _____
- Hospitalization _____

* Did you ever have

- Lung test (Pulmonary function test) methacholine challenge test
- Chest X-rays (when/where _____)
- blood test sweat chloride test Chest CT bronchoscopy

* Have you been diagnosed with

- childhood asthma adult onset asthma emphysema /COPD
- Reactive airway disease bronchitis pneumonia
- panic attacks anxiety Sleep apnea
- _____

* Have you been treated with?

A. antibiotics

B. Cough medicines: Cardec-DM, Histussin HC, Histinex, Histex, Rondec, Tussinex, Phenargan with codeine, over the counter stuff

C. inhalers & asthma medications

- Albuterol inhaler, Albuterol nebulizer, Acuneb, Duoneb, Albuterol liquid, Ventolin, Proventil, Xopenex Maxaire autohaler
- Atrovent MDI, Combivent MDI,
- Aerobid Azmacort Pulmicort MDI Pulmicort respules 0.25 mg 0.50 ug Flovent 44 /110 / 220 Advair 100 / 250 / 500 Vanceril Qvar 40 80
- Serevent Inhaler Serevent Diskus Foradil aerolizer
- Singulaire Accolate Theophylline
- Prednisone Medrol dose pack Orapred Pediapred Prelone

*do you have a spacer like Aerochamber, Inspirase for the above inhalers? Yes NO

* Are you on any one of these in the last 2 wks No yes which ones _____

E. Systemic: having fever sweating chills lack of energy don't feel fresh on waking up
 feel more sleepy than others loss of appetite
 wt. Loss / Gain (how much have you gained/ lost in last 1 yr?)

F. Gastrointestinal

* Do you have heartburn / acid in the throat/ difficulty eating or drinking ?
No

rarely 2-4 times a month 2-3 times a week every day

* Do you wake at night with heartburn never 1-2 times a month 1-2 times a week Daily

* Do you been have nausea vomiting loose stool Abdominal pain blood in stool

* Ever diagnosed with GERD Hiatal hernia irritable bowel Peptic ulcer Crohn's / ulcerative colitis hepatitis

* Have you undergone Barium swallow, upper GI, Upper endoscopy, 24 hr P.H. probe _____

* Have you taken / or taking omiperazole, Prilosec , Prevacid , Aciphex , Protonix, Nexium
 Ranitidine, Zantac, Axid, Cimetidine, Tagamet, Pepcid _____
 Reglan, sucralfate
 Tums, Malox, Other antacids sold over the counter

G. Heart swelling of feet irregular heart rate skipped heart beats chest pain
 (none) high blood pressure elevated cholesterol

Seen a cardiologist / had a cardiac work up done YES NO

Diagnosed with coronary artery disease, heart attack, angina, Atrial fib, CHF, mitral valve prolapse

had EKG, ECHO, stress test , Treadmill, nuclear scan, angiogram

coronary bypass, CABG, angioplasty, stent placed, pacemaker

currently on medication for blood pressure, cholesterol, irregular heart rate.....

H. Urinary hurtful urination, frequent urination, blood in urine, frequent urinary infection
 (none) Diagnosed with prostate enlargement, prostate/ bladder / kidney cancer, kidney stones,

I. Joint related Swollen, painful joints, aches & pains in joints, stiffness
 (none) Diagnosed with rheumatoid, osteoarthritis, gout, fibromyalgia, herniated disk, _____

J. Blood low hemoglobin, excessive bruising, bleeding tendency _____

(none)

K. Endocrine under active or overactive thyroid, thyroid supplements (last blood test for thyroid?.....)

(none)

diagnosed with diabetes, eat excessively, feel more thirst
 insulin, oral diabetes medications (is diabetes well controlled?.....)

L. Psychiatric feel depressed, enjoy the usual thing of life ? Anxious

(none)

Diagnosed depression, anxiety, bipolar disorder, Panic attacks _____
 On antidepressants, anxiety medications _____

M. Reproductive

(none)

do you excessive menstrual blood loss? YES NO
 last menstrual period was on _____
 taking birth control pills for _____ months /yrs
 Diagnosed with infertility, endometriosis, fibroid, PID, cervical /uterine cancer, testicular problems

O. Allergy

(none)

allergy / adverse reactions to foods, if yes which ones _____
 reaction after stung by bees, wasp, hornet, and yellow jacket
 local swelling only
 difficulty breathing, hives all over _____
 repeated infection / serious infections i.e. brain, blood, joints, lungs _____

N. CNS:

(none)

Diagnosed with Migraine, chronic tension headache, stroke, epilepsy _____
 weakness of any body part, convulsions, difficulty walking, impaired memory, speech
 Did you have? CT scan of head, MRI brain, seen a neurologist
 headaches
 (how long have you been having them? _____ months / years)
 (Are they worse recently? YES NO)

__ forehead __ top of the head __ side of head __ back of the head
 __ eye / behind the eye __ between eyes __ over cheeks

always right sided always left sided changes sides both sided
 1-2 times a month 1-2 times a wk 3-4 times a wk almost daily
 lasts for __ 1-3 hrs __ 4-12 hrs __ 13-24 hrs __ 1-3 days __ more than 3 days

very severe severe moderately severe mild varies
 Throbbing, pulsating pressure stabbing _____

Associated with

Sensitivity to light sensitivity to sound nausea` vomiting

Worsened by

movement / bending the head before during or after menstrual period
 sleep deprivation / hunger aged cheese, red wine others _____

Made better with

- Sleep, dark room
- Tylenol Tylenol sinus, Tylenol allergy, allergy/sinus tablets
- Motrin ibuprofen Aleve, Naprosyn, Excedrin, Midrin
- Imitrex (tab, nasal spray, injection), Zomig Maxalt Amerge, Axert, Frova
- Tylenol with codeine , darvocet, hydrocodone, Fiorinal , Fioricet

Take these medicines daily few time/wk few times/month

P. Skin problems?

- Hives / welt
- Rash Eczema Dry skin
- itching (little bit, lot of itching)

(none)

- for years for months few weeks few days

- All the time comes and goes lasts for _____ hours or days
- All over on some parts of body only _____
- more in spring, summer, fall winter

Worsened by

- heat Cold Vibration Sun pressure exercise water
- scratching the skin
- Food
- coloring agent
- Drugs
- Aspirin, motrin, NSAIDs,

- ___ Skin biopsy ___ blood work ___ seen a dermatologist ___ seen regular doctor

- over the counter creams (name?.....)
- prescription steroid creams (name?.....)
- Protopic 0.03% 0.1% Elidel
- Claritin / loratidine Allegra Zytrec Atarax / hydroxyzine Zantac / ranitidine
- Benadryl,.....
- Prednisone Medrol dose pack (packaged with decreasing number of tablets)

Current list of medications:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____

Allergies to medications: none _____

Past history:

- broke nose _____ head injury
- sinus surgery / septoplasty / turbinectomy / nasal polyps / sinus polyps removed
- Tonsillectomy (age.....) Adenoidectomy (age.....) tubes in ears
- Thyroid or parathyroid surgery other surgery _____
- Admitted to hospital for _____
- Diagnosed with childhood or adult onset asthma eczema as a child / adult allergies
- Diagnosed with - pneumonia (when was the last time? _____)
 - blood clot in lung or leg
 - cancer (which part of body _____)
 - heart trouble

| |
|--|
| <p>Less than 10 yrs old: Birth weight _____ lbs _____ premature _____ full term</p> <p>Needed oxygen during nursery stay _____ yes _____ no</p> <p>Development appears to be age appropriate _____ yes _____ no</p> <p>Received pneumococcal vaccine (Prevnar) _____ yes _____ no</p> |
|--|

Social history:

- Never smoked
- smoked 1/2 1 2 packs/ day __ smoked for few months ____ few years __10-20 yrs ____ more than 20 yrs
- stopped smoking _____ yrs ago
- Still smoke YES NO
- Have you *tried* stopping smoking YES NO
- tried going cold turkey, used nicotine patches, , nicotine nasal spray, nicotine **inhaler**, Zyban, wellbutrin
- Single married Divorced Remarried Widower Engaged
- No children have children age (s) _____

Job / Travel History

- kid student in school/ college _grade _____
- work at current job for _____ months / years
- What is your job?** _____
- Are symptoms worse at work YES NO
- exposed to farming related products, toxic fumes, silica, asbestos, coal, now or in the past? YES NO
- when did you travel outside Iowa?
- where did you go?.....
- Have you gone to Southern USA or outside USA ? YES NO

Environment

- house Apartment Mobile home duplex
- for** few months 1-2 yrs many yrs
- natural gas Propane wood heat electric heat space heat oil heater
- No air-conditioning Central A.C. Window A.C.
- mostly carpet mostly wood floor Carpet in bed room wood floor in bed room
- No Indoor smoker who smokes in the house? _____
- No Feather pillow / comforter Feather pillow / Down comforter don't know
- Regular mattress Waterbed
- No indoor/ outdoor pet / animals

| | |
|-------------|---|
| Building is | <input type="checkbox"/> very old |
| | <input type="checkbox"/> old |
| | <input type="checkbox"/> relatively new |

| | | | | | | | |
|---------|------------------------------|------------------------------|--------------------------------|-------------------------------------|----------------------------------|----------------------------------|-------------------------|
| Indoor | <input type="checkbox"/> cat | <input type="checkbox"/> dog | <input type="checkbox"/> bird | <input type="checkbox"/> guinea pig | <input type="checkbox"/> hamster | <input type="checkbox"/> gerbils | Cockroaches Yes / No |
| Outdoor | <input type="checkbox"/> cat | <input type="checkbox"/> dog | <input type="checkbox"/> horse | <input type="checkbox"/> cattle | <input type="checkbox"/> Hogs | <input type="checkbox"/> others | |

Family history

| | Asthma | Allergies | Eczema | Migraine | Immune-deficiency |
|----------------|--------|-----------|--------|----------|-------------------|
| Mother | _____ | _____ | _____ | _____ | _____ |
| Father | _____ | _____ | _____ | _____ | _____ |
| Sister/brother | _____ | _____ | _____ | _____ | _____ |
| Son/ daughter | _____ | _____ | _____ | _____ | _____ |
| Grandparents | _____ | _____ | _____ | _____ | _____ |
| Uncle/Aunt | _____ | _____ | _____ | _____ | _____ |

Spouse's job _____ Mother's job _____ Father's job _____