JAMES B. NEIBURGER, M.D., FAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (77)

H. TERRY LEVINE, M.D., FACP, FAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (89)

ASTHMA & ALLERGY CARE, P.A.

ALLERGY, ASTHMA AND RELATED DISEASES

www.allergycarekc.com

NGUYEN P. TRAN, M.D.
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (10)
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (09)

CELINA C. BERNABE, D.O.
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (98)
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (00)

CORI COPILEVITZ PASSER, M.D.
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (01)

10787 NALL AVE. • SUITE 200 • OVERLAND PARK, KS 66211 • (913) 491-3300 • FAX (913) 491-0904

Note: You must bring this questionnaire to your appointment.

(If there is a question you do not understand, place a question mark by it in the margin.)

Please use a blue or red pen.

Name________________________________ DOB ___________ Age _____________ Date ________________

Person completing questionnaire if not the patient ______________________________ Relationship ______________

circle the symptomatic months: Jan Feb Mar Apr May Jun (Spring) Jul Aug Sept Oct Nov (Fall) Dec   year-round symptoms

ROS: **check symptoms☑:** ***(Please be as complete as possible.)***

Eyes: ❑itching ❑burning ❑redness ❑watering ❑swelling ❑shiners (dark circles under eyes) ❑dryness ❑discharge ❑visual problems

ENT:

ears: ❑itching ❑pain ❑infections ❑tubes (year(s)_____________) ❑popping ❑hearing loss ❑fullness

nose: ❑itching ❑sneezing ❑congestion (worse in the: ❑AM ❑PM ❑all day) ❑drainage (color_____________)
❑postnasal drip ❑snoring ❑runniness ❑apnea ❑blood ❑decreased smell year of last sinus X-ray_____________

throat: ❑soreness ❑redness ❑itching ❑mucus ❑throat clearing ❑hoarseness ❑bad breath

Resp: ❑cough (worse in the: ❑AM ❑PM ❑all day, ❑cough wakes patient up at night (# of times waking up_________),
cough is: ❑dry ❑moist (color of discharge______________) ❑cough is worse with exercise,
❑cough is worse with laughter, ❑cough is worse with crying, ❑cough is worse: ❑lying down ❑upright)
❑wheezing year of last chest X-ray____________ results of last chest X-ray______________________

CV: ❑tightness in the chest ❑shortness of breath ❑chest pain (location________________________)

tobacco: ❑cigarettes (number of packs per day___________ years smoked_______ year quit_________) ❑cigars ❑pipes
❑smokers in the home presently/previously (who__________________________________) ❑smokeless tobacco

GI tract: ❑heartburn/stomach reflux: worse in the: ❑AM ❑PM ❑after meals ❑all day, ❑heartburn/reflux makes the cough worse
❑hiatal hernia ❑nausea ❑vomiting ❑diarrhea ❑constipation ❑pain (frequency____________________________)

Const: ❑headache: ❑dull ❑throbbing ❑pressure (❑forehead ❑cheeks ❑between the eyes ❑behind the eyes)
❑temples ❑"band-like" around head ❑back of the head ❑migraines frequency of headaches__________________
❑fatigue ❑irritability ❑dizziness ❑night sweats ❑fevers ❑sleeps poorly at night (# of times waking up per night_________)

Skin: ❑eczema ❑rash ❑hives ❑swelling ❑itching ❑dry skin (location______________________________)

All/Imm: insect reactions to: ❑bees ❑wasps ❑hornets ❑fire ants ❑mosquitoes ❑chiggers
with reactions, was there associated: ❑large local swelling ❑hives ❑wheezing ❑throat swelling ❑nausea/diarrhea
❑unconsciousness ❑emergency treatment required age at time of reaction________________
❑facial rash ❑mouth ulcers ❑easy bruisability ❑dry eyes ❑severe sun sensitivity

Mus/Skel: ❑joint pain ❑joint swelling ❑muscle pains ❑muscle weakness ❑muscle wasting ❑leg swelling

Endo: ❑unintentional weight loss ❑weight gain ❑hot flashes ❑goiter ❑excessive hair loss
❑nursing ❑pregnant ❑planning pregnancy; when___________________

Gen/Urin: ❑blood in the urine ❑foamy urine ❑painful urination ❑incontinence ❑bedwetting
(all others negative)

©Allergy & Asthma Care, P.A. – Rev. 2011 – T51 Reviewed________

JAMES B. NEIBURGER, M.D., FAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (77)

H. TERRY LEVINE, M.D., FACP, FAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (89)

ASTHMA & ALLERGY CARE, P.A.

ALLERGY, ASTHMA AND RELATED DISEASES

www.allergycarekc.com

NGUYEN P. TRAN, M.D.
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (10)
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (09)

CELINA C. BERNABE, D.O.
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (98)
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (00)

CORI COPILEVITZ PASSER, M.D.
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (01)

10787 NALL AVE. • SUITE 200 • OVERLAND PARK, KS 66211 • (913) 491-3300 • FAX (913) 491-0904

Past Medical History:

birth weight_______lbs. _______oz. ❑pregnancy complications ❑delivery complications

❑breast fed (how long?_______________) ❑formula fed (❑milk ❑soy) ❑colic ❑feeding problems

❑recurring infections (❑ear ❑sinus ❑tonsil ❑throat ❑chest ❑skin)

❑school problems____

(All patients should answer the following questions):

immunizations: ❑unknown ❑DTP (year of last tetanus immunization__________) ❑IPV ❑MMR ❑HIB ❑hepatitis vaccine

❑pneumonia vaccine (year___________) ❑flu vaccine (year of last shot___________) ❑reactions:___________

Medical History:

list major illnesses or diseases

1)
2)
3)
4)
5)
6)
7)
8)
9)

hospitalizations:

Surgical History:

year procedure

1)________tonsillectomy & adenoidectomy
2)
3)
4)
5)
6)
7)
8)
9)

Present Medications: (including over-the-counter medications)

list names of medications dosage # times per day

1)
2)
3)
4)
5)
6)
7)
8)
9)

Family History:

marital status: M S D W Sep (marital status of the parent if the patient is under 21)

Patient's children:

	age	name
1)		
2)		
3)		
4)		
5)		

Please list patient's brothers and/or sisters:

	age	name
1)		
2)		
3)		
4)		
5)		

Check illnesses present in immediate family members (blood relatives)☑:

❑asthma ❑hay fever or nasal allergy ❑eczema ❑hives ❑food allergy ❑insect allergy ❑medication allergy

List Family Member: ____

(Draw arrows to family members with illnesses checked.)

❑lung disease ❑heart disease ❑diabetes ❑cancer (type:__________________________)

❑other ____

©Allergy & Asthma Care, P.A. – Rev. 2011 – T51

Reviewed________

JAMES B. NEIBURGER, M.D., FAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (77)

H. TERRY LEVINE, M.D., FACP, FAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (89)

ASTHMA & ALLERGY CARE, P.A.

ALLERGY, ASTHMA AND RELATED DISEASES

www.allergycarekc.com

NGUYEN P. TRAN, M.D.
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (10)
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (09)

CELINA C. BERNABE, D.O.
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (98)
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (00)

CORI COPILEVITZ PASSER, M.D.
CERTIFIED-AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (01)

10787 NALL AVE. • SUITE 200 • OVERLAND PARK, KS 66211 • (913) 491-3300 • FAX (913) 491-0904

Environmental History:

home: ❑townhouse ❑apt ❑house (age_______yrs, occupied by patient________yrs) ❑city/suburb ❑country/farm
❑basement is: ❑dry ❑damp ❑musty ❑poured concrete ❑rock/stone ❑concrete block
❑basement is finished, ❑dehumidifier is used in basement ❑crawl space ❑slab

windows: windows open during the ❑spring ❑summer ❑fall ❑never

attic fan: the attic fan is used in the: ❑spring ❑summer ❑fall ❑never used ❑attic fan use makes symptoms **worse**

heating: ❑natural gas (❑forced air) ❑electric ❑wood ❑LP gas ❑oil

humidifier: ❑attached on furnace ❑free-standing (location____)

air conditioning: ❑central ❑window units (❑window unit in patient's bedroom) ❑air conditioning makes symptoms **better**

air filter: ❑disposable (how often is it changed?__________________) ❑HEPA filter ❑electronic ❑electrostatic

bedroom: location (❑above ground ❑basement) ❑wall-to-wall carpeting ❑hardwood floor ❑area rug

pillow: ❑feather ❑synthetic/foam (**number of pillows**__________, **how old**___________yrs, ❑special dust proof covers over pillows,
spouse's pillow: ❑feather ❑synthetic/foam (number of pillows_________, how old_________yrs.)

mattress: ❑inner spring mattress (**how old is the mattress?**_________yrs) ❑standard waterbed ❑soft-side waterbed
❑special dust proof cover over the mattress (zippered type) ❑plastic cover over the mattress ❑futon

mattress pad: ❑cotton (washed how often__________________________ , ❑feather mattress pad ❑egg-crate mattress pad
what temperature water is the mattress pad washed in?: ❑hot ❑warm ❑cold)

sheets: washed how often_____________________, what temperature water are the sheets washed in?: ❑hot ❑warm ❑cold

bed cover: ❑comforter (❑feather fill ❑synthetic/fiber fill ❑cotton) ❑blanket ❑quilt ❑bedspread

pets: ❑cats (number______ ❑indoor ❑outdoor), ❑dogs (number______ ❑indoor ❑outdoor), ❑other pets______________
Where do the pets sleep at night? _______ Do the pets get ❑ into bedroom ❑on bed

Diet: Do you/patient eat: ❑chocolate ❑peppermint ❑fatty foods ❑greasy foods ❑spicy foods ❑tomato products ❑citrus juice?
❑Do you/patient eat 2-3 hours before bed? ❑Do you/patient drink large glasses of water or fluid before bed?

Social History:

alcohol: ❑beer ❑wine ❑liquor (drinks per week__________) tobacco: see HPI illicit drug use: ________________________

caffeine: ❑tea ❑coffee (cups per day______ ❑caf ❑decaf) ❑soda (number per day_______ ❑caf ❑caffeine free)

Occupation (***or*** school & grade if a student): patient__________________________________ spouse________________________
(if infant/child: mother's occupation___________________________ father's occupation___________________________**)**
daycare/preschool: where_________________________ daycare hours______________ number of children present_____

hobbies/crafts: ____

Clinical Disagreements: (Please check the items that make your or the patient's symptoms worse☑)

Nasal/sinus symptoms are ***worsened*** by: ❑smoke ❑aerosols ❑dust ❑perfumes ❑basements ❑cats ❑dogs ❑cold air ❑wind
❑beer ❑wine(❑red ❑white) ❑temperature changes ❑rain ❑humidity ❑season changes ❑weather changes ❑other_______

Lung symptoms are ***worsened*** by: ❑smoke ❑aerosols ❑dust ❑perfumes ❑basements ❑cats ❑dogs ❑cold air ❑wind
❑beer ❑wine(❑red ❑white) ❑temperature changes ❑rain ❑humidity ❑season changes ❑weather changes
❑exercise ❑respiratory infections ❑laughing ❑crying ❑aspirin products ❑salad bars ❑heartburn/reflux ❑other_________

Skin symptoms are ***worsened*** by: ❑poison ivy/oak/sumac ❑cut grass ❑leaves ❑plants ❑cosmetics
❑soaps ❑wool ❑others____

food reactions:____

©Allergy & Asthma Care, P.A. – Rev. 2011 – T51 Reviewed________

JAMES B. NEIBURGER, M.D., FAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (77)

H. TERRY LEVINE, M.D., FACP, FAAAI, FAACI
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (89)

ASTHMA & ALLERGY CARE, P.A.

ALLERGY, ASTHMA AND RELATED DISEASES

www.allergycarekc.com

NGUYEN P. TRAN, M.D.
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (10)
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (09)

CELINA C. BERNABE, D.O.
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (98)
CERTIFIED-AMERICAN BOARD OF PEDIATRICS (00)

CORI COPILEVITZ PASSER, M.D.
CERTIFIED-AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY
CERTIFIED-AMERICAN BOARD OF INTERNAL MEDICINE (01)

10787 NALL AVE. • SUITE 200 • OVERLAND PARK, KS 66211 • (913) 491-3300 • FAX (913) 491-0904

Drug Disagreements or Reactions: (Please list **all** reactions.)

Year Medication Reaction

1)
2)
3)
4)
5)
6)

Skin History:

Hives *and/or* rash and/or swelling/angioedema:

features: date of onset ________________________ worse in: ❑AM ❑PM ❑all day ❑after meals
❑itching present affected areas: ❑arms ❑hands ❑legs ❑feet ❑stomach ❑back ❑head/face,
appearance: ❑red ❑flat ❑raised ❑blistery ❑leaves marks/bruises ❑hives/rash move around
❑hives/rash stay in one spot how long do the hives/rash last?________________________
hives or rash is described as ❑mild ❑moderate ❑severe

triggers: ❑heat ❑exercise ❑sunlight ❑cold ❑water ❑pressure ❑vibration ❑rubbing/scratching
❑contact (what material/plant/food/animal/cosmetic? ________________________)
❑menstrual cycle/hormones ❑stress ❑food (which ones?________________________)
❑infections/colds/flu ❑medication (which one? ________________________)

symptoms: ❑recent cold or flu ❑joint pains ❑joint swelling ❑sun sensitivity ❑facial rash ❑fever ❑foamy urine
❑blood in the urine ❑hair loss ❑abdominal pain ❑fatigue ❑mouth sores ❑facial/sinus pain or pressure
❑nasal congestion ❑postnasal drip ❑sinus pressure/headache ❑tooth pain
❑weight gain ❑weight loss ❑goiter ❑diarrhea ❑shakiness ❑hot flashes

personal articles: soap______________shampoo________________________conditioner____________________
detergent________________________ fabric softener____________________toothpaste______________________
hairspray________________________cosmetics____
hair gel_________________________ perfumes or colognes _____________________________________
new medications (prescription or over-the-counter)____
new foods____

©Allergy & Asthma Care, P.A. – Rev. 2011 – T51 Reviewed________