PATIENT HEALTH & ALLERGY HISTORY

Patient name: _____ ID#: _____

Date: _____ Patient age: _____ Sex: ☐ M ☐ F Occupation: _____

Race: ☐ White ☐ Hispanic ☐ Black/African-American ☐ Asian ☐ American Indian ☐ Other

Existing Conditions:

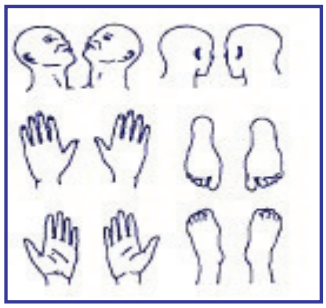
☐ Cancer _____	☐ Stroke _____
☐ Cardiovascular Disease _____	☐ Diabetes _____
☐ High Blood Pressure _____	☐ Depression _____
☐ Alcohol/Drug Abuse _____	☐ Liver Disease _____
☐ High Cholesterol _____	☐ Kidney Disease _____
☐ Lung/Respiratory Disease _____	☐ Neurological Disorders _____
☐ Infectious Disease _____	☐ Allergies _____
☐ Pregnancy _____	☐ Menopause: _____
☐ Immune disorders _____	☐ Puberty _____
☐ Obesity _____	☐ Skin Disorders _____
☐ Other _____	

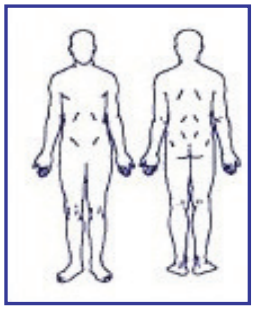
Current Medicines:
OTC & Rx
(dates, dosage)

☐ Vitamins/Minerals _____	☐ Herbs _____
☐ NSAIDs _____	☐ Aspirin _____
☐ Asthma Medications _____	☐ Antihistamines _____
☐ Oral contraceptives _____	☐ Thyroxin _____
☐ Sedatives/Sleep Aids _____	☐ Steroids (nasal/topical) _____
☐ Rx Pain Meds _____	☐ Antidepressants _____
☐ Oral hypoglycemics _____	☐ Insulin _____
☐ Hormones _____	☐ Antibiotics/Antifungals _____
☐ Diuretics _____	☐ Other BP Medications _____
☐ Statins _____	☐ Anticoagulants _____
☐ Other _____	

Medical Devices:
(including dental)

☐ Implants _____	☐ Stents _____
☐ Braces _____	☐ Fillings _____
☐ Crowns/Bridges _____	☐ Other: _____





Current Complaint: _____

_____

Date of onset and/or duration: _____

At onset: Area(s) affected _____

Severity: ☐ Mild ☐ Moderate ☐ Severe

Type and pattern of eruption: _____

_____

Now: Area(s) affected _____

Severity: ☐ Mild ☐ Moderate ☐ Severe

Currently: ☐ Stable ☐ Increasing ☐ Decreasing ☐ Unclear

Worsens: ☐ During work week ☐ After weekend

Improves: ☐ After weekend ☐ After holidays/vacations

Outbreaks Occur: ☐ Annually ☐ Seasonally ☐ Monthly ☐ Unclear

Previous Outbreaks: ☐ No ☐ Yes Date(s): _____

Self-Treat: ☐ No ☐ Yes Date(s): _____

Physician Treatment: ☐ No ☐ Yes Date(s): _____

History of allergic disorders: ☐ Asthma ☐ Hay fever ☐ Childhood eczema ☐ Urticaria

Food allergy: ☐ Known ☐ Suspected ☐ Type_____

Other known allergies: ☐ Nickel/metals ☐ Flowers/Trees/Grasses ☐ Perfume/fragrance ☐ Latex (type I)
☐ Insects ☐ Medicines ☐ Rubber ☐ Animals
☐ Other_____

Suspected allergies:_____

Previous drug reactions: ☐ None ☐ Yes (drug/date)_____

Family history of allergies and asthma: ☐ Yes ☐ No Hay fever: ☐ Yes ☐ No Eczema: ☐ Yes ☐ No
Relationship (name)_____ Disease (name) _____
Relationship (name)_____ Disease (name) _____

Home Environment: ☐ Home ☐ Apartment/Condo Constructed after 1980? ☐ Yes ☐ No
Renovated since 1980? ☐ Yes ☐ No Location: ☐ Suburban ☐ Urban ☐ Rural
☐ Other location:_____ Lived there since:_____
Pets: ☐ None ☐ Cats ☐ Dogs ☐ Birds ☐ Rodents ☐ Livestock:_____ Other _____
Current animal contact: ☐ Daily ☐ Rare ☐ Occasional Pets in house? ☐ Yes ☐ No
Pets/animals as a child? ☐ None ☐ Type:_____ Contact: ☐ Rare ☐ Frequent
Symptoms around animals: ☐ No ☐ Yes Describe:_____
Housecleaning frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Rarely
Participate in housecleaning: ☐ Never ☐ Always ☐ Occasionally ☐ Rarely
Equipment/Materials used:_____
Help with laundry? ☐ Never ☐ Daily ☐ Weekly ☐ Occasionally Detergent:_____
Symptoms at home: ☐ No ☐ Yes Describe:_____

Sports/Hobbies: ☐ golf ☐ tennis/raquetball ☐ woodworking ☐ computers ☐ baseball ☐ sewing
☐ football ☐ skiing ☐ knitting/needlework ☐ paper crafts ☐ ceramics ☐ piano
☐ painting ☐ guitar ☐ running/hiking ☐ home repairs ☐ basketball ☐ photography
☐ other_____
Frequency: ☐ Daily ☐ Few times weekly ☐ Weekends only ☐ Rarely Duration:_____
Equipment/Materials used:_____
_____
Symptoms with sports/hobbies: ☐ No ☐ Yes Describe:_____

Personal Care: ☐ Handwashing frequency:_____ Soap type:_____
☐ Bathing frequency:_____ Soap type:_____
☐ Deodorant use/frequency:_____ Deodorant type:_____
☐ Lotion use/frequency:_____ ☐ Creme use/frequency:_____
☐ Cologne/perfume use/frequency:_____ ☐ Aftershave use/frequency:_____
☐ Shaving cream use/frequency:_____ ☐ Hair coloring use/frequency:_____
☐ Toothpaste use/frequency: _____ ☐ Mouthwash use/frequency: _____
☐ Shampoo use/frequency: _____ ☐ Conditioner use/frequency: _____
☐ Hair styling aids use/ frequency: _____ ☐ Nail conditioner/remover use/frequency:_____
☐ Nails polish use/frequency: _____ ☐ Artificial nail use/frequency:_____
☐ Contact lenses:_____ ☐ Saline/cleaner:_____
Makeup Use: ☐ Foundation/base ☐ Blush ☐ Eyelid powder ☐ Eyeliner ☐ Mascara ☐ Remover
☐ Lipstick/gloss/liner ☐ Concealer ☐ Face Powder ☐ Other:_____
Facials: ☐ Toner/Astringent ☐ Masque ☐ Moisturizer/Cream ☐ Cleanser ☐ Other_____

Condoms/diaphragms: ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Don't use

Type:_____

Other personal care products use/ frequency:_____

Symptoms with personal care:_____

Jewelry & Tatoos: Wear ☐ Daily ☐ Few times each week ☐ Weekends ☐ Rarely ☐ Never

Jewelry type ☐ Earring(s) ☐Ring(s) ☐ Bracelet(s) ☐Watch(s) ☐ Necklace(s)

☐ Piercing(s):_____

Tatoos: ☐ Recent ☐ Old ☐ Permanent ☐ Temporary ☐ Henna-based

Symptoms with jewelry/tatoos:_____

Employment history: Current employer: _____ Since (date):_____

Job title:_____ Since (date):_____

Job description:_____

Employer at onset of dermatitis: _____

Previous job description and duration:_____

☐ Previous / ☐ current contact: ☐ Metals ☐ Dust ☐ Vibration ☐ Cold/heat ☐ Fibers

☐ Chemicals ☐ Fumes ☐ Other:_____

Work Environment: ☐ Office ☐ Factory ☐ Hospital ☐ Construction site ☐ Farming ☐ Laboratory

☐ Indoors ☐ Outdoors ☐ Other_____

Work Equipment: ☐ Gloves ☐ Boots ☐ Apron ☐ Mask/respirator ☐ Face shield ☐ Head cover

☐ Badge ☐ Monitors ☐ Overalls ☐ Other_____

Symptoms at work:_____ Since (date):_____

Description of work when rash began: _____

Materials used at work:_____

☐ Treat and/or ☐ document at place of employment:_____

Effect of weekends/holidays/vacations ☐ Same ☐ Improves ☐ Worsens

Loss of work: ☐ No ☐ Yes, on dates:_____ Other workers with same problem? ☐ No ☐ Yes

Previous compensation claims: ☐ No ☐ Yes, for_____

☐ Part-time or ☐ Second job: ☐ No ☐ Yes, as:_____

2nd job description:_____

Work Environment: ☐ Office ☐ Factory ☐ Hospital ☐ Construction site ☐ Farming ☐ Laboratory

☐ Indoors ☐ Outdoors ☐ Other_____

Symptoms at 2nd job: ☐ same as above ☐ different:_____ Since (date):_____

Notes: