PATIENT HEALTH & ALLERGY HISTORY FORM

Patient Name: _____ ID#: _____

Date: _____ Patient Age: _____ Sex: ☐ M ☐ F

Occupation: _____

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

EXISTING CONDITIONS:

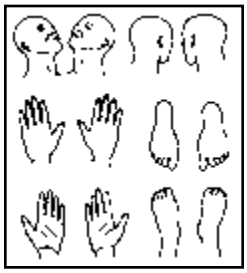
- ☐ Cancer _____
- ☐ Cardiovascular Disease _____
- ☐ High Blood Pressure _____
- ☐ Alcohol/Drug Abuse _____
- ☐ High Cholesterol _____
- ☐ Lung/Respiratory Disease _____
- ☐ Infectious Disease _____
- ☐ Pregnancy _____
- ☐ Immune Disorders _____
- ☐ Obesity _____
- ☐ Stroke _____
- ☐ Diabetes _____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

CURRENT MEDICINES:
OTC & Rx
(dates, dosages)

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

MEDICAL DEVICES:
including dental

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



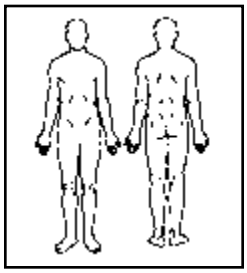
Current Complaint: _____

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:	☐ Stable	☐ Increasing	☐ Decreasing	☐ Unclear
Previous Outbreaks:	☐ No	☐ Yes		

Date(s): _____

HISTORY OF ALLERGIC DISORDERS:

☐ Asthma ☐ Hay Fever ☐ Childhood Eczema ☐ Urticaria

Food Allergies: ☐ Known ☐ Suspected ☐ Type: _____

Other Known Allergies: ☐ Nickel/Metals ☐ Flowers/Trees/Glasses ☐ Perfume/Fragrance ☐ Latex (type I)
☐ Insects ☐ Medicines ☐ Rubber ☐ Animals
☐ Other: _____

Suspected Allergies: _____

Previous Drug Reactions: ☐ None ☐ Yes (drug/date) _____

Family History of Allergies & Asthma: ☐ Yes ☐ No **Hay Fever:** ☐ 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: _____ **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 ☐ Yes 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 ☐ Rarely

Symptoms at home? ☐ No ☐ Yes Describe: _____

SPORTS/HOBBIES:

☐ Golf ☐ Tennis/Racquetball ☐ 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 color use/ frequency: _____

☐ Toothpaste use/ frequency: _____ ☐ Mouthwash use/ frequency: _____

☐ Shampoo use/ frequency: _____ ☐ Conditioner use/ frequency: _____

☐ Nail polish use/ frequency: _____ ☐ Artificial nail use/ frequency: _____

☐ Contact lenses use/ frequency: _____ ☐ Saline cleaner use/ frequency: _____

Makeup Use: ☐ Foundation/Base ☐ Blush ☐ Eyeshadow ☐ 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 & TATTOOS:

Wear: ☐ Daily ☐ Few Times each week ☐ Weekends ☐ Rarely ☐ Never

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

Piercing(s): _____

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

Symptoms with jewelry/tattoos: _____

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 ☐ Farm ☐ 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: _____

2nd work environment: ☐ Office ☐ Factory ☐ Hospital ☐ Construction Site ☐ Farm ☐ Laboratory ☐ Indoors ☐ Outdoors ☐ Other: _____

Symptoms at 2nd job: ☐ Same as above ☐ Different: _____ Since (date): _____

NOTES: _____