

In an effort to know as much as we can about you to assist with your visit with Dr. Lania, please complete the following two pages. Please complete all of the questions by placing an "X" in the box that applies, and bring this form with you to the appointment. **Thank you!**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLEASE TELL US THE REASON YOU ARE HERE TO SEE US TODAY.**

**I am here TODAY because:** \_\_\_\_\_

**Are you currently pregnant?** ☐ check if YES (we cannot perform a skin test if you are pregnant)

**PAST Medical History**

**Have you ever seen a health care provider for any of the following:** (please check box if YES)

- |                                      |   |                                       |   |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Hives        | <input type="checkbox"/> Swelling                         |
| <input type="checkbox"/> Bronchitis  | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Year-round allergies             |
| <input type="checkbox"/> Pneumonia   | <input type="checkbox"/> Eczema         | <input type="checkbox"/> Acid reflux  | <input type="checkbox"/> Seasonal allergies (spring/fall) |
| <input type="checkbox"/> Other _____ |   |                                       |   |

**Hospitalizations:** \_\_\_\_\_

**Surgical History:** \_\_\_\_\_

**Previous Allergy Testing or Lab Tests?** ☐ Yes: approximately what year? \_\_\_\_\_ ☐ No

**Previous Chest X-ray?** ☐ Yes: approximately what year? \_\_\_\_\_ ☐ No

**Diet: Are you able to eat the following foods?:** (please check the boxes)

YES, I CAN eat: ☐ Milk ☐ Eggs ☐ Peanut ☐ Tree nuts (all other nuts) ☐ Shellfish ☐ Fish

**Present Medications:** \_\_\_\_\_

**Immunizations: Have you had the following Immunizations?:** (please check the boxes)

☐ Pneumovax/Prevnar (pneumonia vaccine) ☐ Varivax (chickenpox vaccine) ☐ Flu vaccine ☐ COVID ☐ Tdap

**Drug Allergies:** \_\_\_\_\_ **Food Allergies:** \_\_\_\_\_

**Latex Allergy:** (any problems with balloons or dental procedures, etc.) \_\_\_\_\_

**Insect Sensitivity:** (bee, wasp, hornet, spider, mosquito) ☐ Never stung ☐ Stung – No reaction ☐ Stung with reaction

**Reaction:** ☐ Small swelling at site ☐ Large swelling at site ☐ Hives; swelling of the lips, tongue, throat; trouble breathing

**Contrast Dye Allergy:** (MRI or CT scan) ☐ No exposure ☐ Exposed (no reaction) ☐ Exposed (with reaction)

**Family History: Does anyone in the family have the following?** (place an X if YES)

	Asthma	Allergic rhinitis (hayfever/seasonal allergies)	Sinus problems	Food allergy	Eczema (skin problems)	Drug allergy	Other
Mother							
Father							
Siblings							

**Social history: I am:** (please check box) ☐ Married ☐ Divorced ☐ Single ☐ Partnered

**My home is:** ☐ Single family ☐ Apartment ☐ Condo/townhouse ☐ Other \_\_\_\_\_

**My neighborhood is:** ☐ Urban ☐ Suburban ☐ Farm ☐ Woods ☐ Lake ☐ Coastal

**Problems in the home with:** ☐ Mice/rats ☐ Cockroaches

**Basement: Do you have a basement?** ☐ Yes ☐ No **If YES, is it** ☐ Dry ☐ Damp

**Type of heat in your home:**

☐ Gas/FHA ☐ Oil ☐ Electric ☐ Kerosene ☐ Radiator ☐ Baseboard ☐ Fireplace ☐ Wood-burning stove

**In winter, we keep our home thermostat at:** ☐ 70° ☐ Less than 70° ☐ Greater than 70°

**Your bedroom floor has:** ☐ Wall-to-wall carpeting ☐ Hardwood ☐ Area rug ☐ Linoleum

**Bed:** ☐ Regular bed ☐ Other \_\_\_\_\_

**Pillow:** ☐ Fiber filled ☐ Feather ☐ Foam

**Pillow cover** (hypoallergenic): ☐ Yes ☐ No

**Mattress cover** (hypoallergenic): ☐ Yes ☐ No

**Occupation:** \_\_\_\_\_ **Student studying:** \_\_\_\_\_

**Smoking/vaping: Does anyone smoke or vape in the house?** ☐ Yes ☐ No

☐ Patient, If yes: \_\_\_\_\_ #packs per day \_\_\_\_\_ #years

**Did you quit smoking?** ☐ **If so, how many years ago?** \_\_\_\_\_

**Pets:** ☐ None ☐ Dog(s) \_\_\_\_\_ ☐ Cat(s) \_\_\_\_\_ ☐ Bird(s) \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Skin Care:** For eczema, dry skin, or other skin conditions

Type of soap or skin wash: \_\_\_\_\_

Type of moisturizers: \_\_\_\_\_

Laundry detergent: \_\_\_\_\_ **Dryer sheets** Yes ☐ No ☐ **Fabric softener** Yes ☐ No ☐

Skin medications: \_\_\_\_\_

If you are seeing us due to a reaction of any kind (hives, swelling, itching, etc.) to a food/drug/any other substance, please provide any pertinent information that may be helpful for the physician to determine what may have caused the reaction. For example: Foods eaten 24 hours prior to a reaction, medications, lotions, soaps, laundry detergents, pets, or outdoor allergens. Please keep in mind that if you had a reaction to a drug, we may not be able to test the specific drug. Your evaluation is of the utmost importance to us, and we will strive to find answers for you.

Maria Lania-Howarth, MD, FAAAAI, FAAAAI, *Division Head*  
Diplomat of the American Board of Allergy and Immunology  
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**Please STOP taking these medications one week before allergy testing:**

## ANTIHISTAMINES

- Alavert, Claritin, Claritin-D (Loratidine)
- Allegra/Allegra-D (Fexofenadine)
- Benadryl (Diphenhydramine)
- Chlortrimeton (Chlorpheniramine)
- Clarinex (Desloratidine)
- Atarax, Vistaril (Hydroxyzine)
- Periactin (Cyproheptadine)
- Xyzal (Levocetirizine)
- Zyrtec/Zyrtec-D (Cetirizine)

## ANTIHISTAMINES / Cold or Allergy Medications

- AlleRx/AlleRx-D
- Astepro/Astelin nasal spray
- Bromfed/bromphenex (Bromphenamine)
- Dimetapp (Bromphenamine)
- Duradryl D-Allergy
- Extendryl (Chlorpheniramine)
- PediaCare Cough & Cold D-Allergy
- NyQuil (Doxylamine)
- Promethazine
- Robitussin Cough & Cold
- Rondec (Carbinoxamine)
- Rynatan/Rynatuss Ryna-12 (Chlorpheniramine)
- Semprex D (Acrivastine)
- Tanafed/Tannate (Chlorpheniramine)
- Triaminic (Nighttime Cough & Cold; Cold & Allergy; Cold & Cough)
- Tussi-12 D-Allergy
- Tylenol Cold

**You may CONTINUE taking these medications:**

- Asthma Medications (any inhalers, Singulair/Montelukast)
- Nose Sprays
- Cough Medications (that do not contain any of the above antihistamines)
- Oral Steroids