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ALLERGY, ASTHMA AND IMMUNOLOGY

****Note: for skin prick testing to be done at the clinic visit, the patient must refrain from taking oral antihistamines for at least 3 days prior to their appointment** (eg. Azelastine, Cetirizine, Chlorpheniramine, Cyproheptadine, Desloratadine, Diphenhydramine, Doxepin, Hydroxyzine, Imipramines, Ketotifen, Levocetirizine, Loratadine, Terfenadine, Tripeleennamine)

Patient Name:

Birth Date:

Referring Physician:

Why are you (or your child) here today?

Current Medication	Dose/Strength	Directions for Use

Chronic medical problems and hospital admissions	Date of diagnosis/admission

Surgical Procedures	Date

Are immunizations up to date? Yes No
Receive seasonal flu shot? Yes No

Suspected/Known Allergies

- Penicillin/Amoxicillin
- Other Drugs: _____
- Food: _____
- Latex
- Other: _____

Family History

Illness	Family member (eg. Mother, brother, etc)
Asthma	
Environmental allergies	
Drug allergy	
Food allergy	

Social History

Patient lives with (Circle all that apply):

Mother _____ Father _____ Spends time between parents' homes _____ Grandparents _____
____ Brothers _____ Sisters _____
Spouse _____ Children _____ Others: _____

Circle any cooling system in home:

Central air conditioning _____ Window air conditioning _____ Fan _____

Is there carpeting in the home? Yes _____ No _____

If "Yes", where is the carpeting? _____

Environment (circle all that apply):

Babysitter's home _____ In-home baby-sitter _____ Home with parent/family member _____
Daycare _____ Preschool _____ School _____
Work; Occupation: _____

General Health Review (Circle all that apply):

CHEST

Chest pain Mucus in chest Wheeze Bronchitis
Shortness of breath Cough that won't go away Croup
Cough, wheeze or shortness breath with exercise, emotional upset, or cold air

HEART & BLOOD PRESSURE

Abnormal or rapid heart rate Heart murmur High blood pressure

EYE, EAR, NOSE & THROAT

Eye: Itch Redness Tearing Swelling Blurry vision

Ear: Itch Balance problems Frequent ear infections
Tympantostomy tubes Hearing loss
Recurrent fluid in ears

Nose: Itch Runny nose Sneeze Stuffiness
Snoring Sinusitis Mouth breathing

Mouth: Itch Post nasal drip Throat clearing
Large tonsils or adenoids Frequent sore throat

Lip: Itch Tingling Swelling

SKIN

Dry Itchy Inflamed Peeling Oozing/infected Prior eczema

DIGESTIVE SYSTEM

Failure to thrive Poor appetite Frequent spit-up Heartburn
Choking/gagging Vomiting Nausea Diarrhea
Constipation Abdominal pain Reflux

DEVELOPMENT

Normal Global delays Delayed speech Delayer motor skills

MUSCULOSKELETAL

Swollen joints Fractures Joint pain

IMMUNE

Recurrent fevers Number of antibiotic course in the last year: _____