

## Allergy Asthma Care P.C. www.nwi-asthma.com

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## **ASTHMA AND ALLERGY CONSOLATION (PEDIATRICS)**

Name:	Date:				
Age:	Date of B	irth:	Referred by:		
<b>Current Physic</b>					
			What would you like to	learn and what	
			as a result of this cons		
Cur	rent Medica	ation	Drug Allergies	Reaction	
Drug	Dose	How Often			
			Food Allergy	Reaction	
				reaction	
Over the Cour	. <del> </del>				
Over the Cour	iter medicatio	n, nose sprays or	vitamins, not mention	ed above?	
Diet: regular	· ·	C ~ ~ ~ : ~ ! ~ !	\i		
Diet: regular	•	Special D	лет:		

	Birth Weig	ght:	Lbs oz. Len	gth:	
Complication of Pregna	ancy:				
Full term: Yes	No N	leonata	l Complications:		
EARAII V LUCTODY.					
FAMILY HISTORY:					
Wiother 5 Age: 5	moker	Yes	No / Health Status: _		
Father's Age:S	moker	Yes	No / Health Status:		
Legal Guardian Name	D A ~ ~ /:f .~				
Legal Guardian Name & Parental Marital Status			ried-Divorced-Separated-Not n	nokerYesNo	
Child's Sibling			\ge	Health Status	
Any on-going or signific	cant nast	illnessi			
, , , , , , , , , , , , , , , , , , , ,					
Past Surgeries	Ye	ar	Hospitaliz	ations	Year
ER? Urgent Care Vis	its for w	vhat a			
ER? Urgent Care Vis	its for w	vhat a			
ER? Urgent Care Vis Pets: Dog(s)			nd when?		ers
	Cat(s)	Reptil	nd when? e(s) Fish Rodents		ers
Pets: Dog(s) VOUR CHILD'S NOSE Seasonal sympton	Cat(s) [ check a	Reptile	nd when? e(s) Fish Rodents	Bird(s) Oth	ers
Pets: Dog(s)  YOUR CHILD'S NOSE  Seasonal sympton  Year-round symp	Cat(s) [ check a	Reptile I that p	nd when?  e(s) Fish Rodents  pertain) toms worse in the mornin h breather	Bird(s) Oth	
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Do Symptoms get worse at	certai	n time of year?								
Spring Summer Fall Winter										
Does the child vomit, followed by cough, or have wheezy cough at night? Y / N										
Are his/her symptoms worse after feeding? Y/N										
ASTHMA HISTORY										
DOES YOU child HAVE: In the past month(circle that appli										
Wheezing	No	<2 times a week	>2 times a week	Daily						
Coughing	No	<2 times a week	>2 times a week	Daily						
Shortness of breath	No	<2 times a week	>2 times a week	Daily						
Rapid Breathing	No	<2 times a week	>2 times a week	Daily						
Chest tightness	No	<2 times a week	>2 times a week	Daily						
Chest Pian	No	<2 times a week	>2 times a week	Daily						
Throat clearing	No	<2 times a week	>2 times a week	Daily						
Difficulty breathing in	No	<2 times a week	>2 times a week	Daily						
Coughing at night	No	<2 times a week	>2 times a week	Daily						
Rescue medication	No	<2 times a week	>2 times a week	Daily						
Steroid use: No This week This month Last month This year Last year										
Do you use an Aerochamber for the child's medicine? Yes No										
Do you use a tight fitting mask for you child's nebulizer? Yes No										
Living Environment: House(age of house) Apartment Trailor City Rural										
Type of Heat:  Gas forced air Electric Wood burning Humidifier Central/Room										
Air Conditioning: None Central Room Dehumidifier										
Bedroom: Bed Conventional Mattress Waterbed										
	ester fil	l pillow Foam	Down							
Flooring: Carpet Hardwood Linoleum Vinyl										
	Partial	Full	Damp							
Is there anyt	hing e	se you would like	us to know?							
Controlling you child's asthma or allergy symptoms is a										
PARTNERSHIP between YOU and ALLERGY ASTHMA CARE.										
A child MUST be ASSISTED or SUPERVISED by an adult										
When taking a prescribed medication.										