

FAMILY ALLERGY & ASTHMA CONSULTANTS
 Sunil Joshi, MD Hary Katz, MD Steve Dorman, MD
 Christine Hanna, PA-C Amanda Michaud, PA-C Teresa Posadas, APRN
 www.jaxallergists.com
 (904) 636-9100

Name: _____

<p style="text-align: center;">List All Surgeries/Hospitalizations Including Dates</p> <hr/> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>List All Medical Conditions:</p> <hr/> <p>1 5</p> <p>2 6</p> <p>3 7</p> <p>4 8</p>	<p style="text-align: center;">List Any Drug Allergies and Type Of Reaction:</p> <hr/> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>List Medical History of Allergy, Asthma, or Eczema for Each of the Following Family members:</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Mother:</td> <td style="width: 50%;">Pat. Grandmother:</td> </tr> <tr> <td>Father:</td> <td>Mat Grandmother:</td> </tr> <tr> <td>Brother</td> <td>Pat. Grandfather:</td> </tr> <tr> <td>Sister:</td> <td>Mat Grandfather:</td> </tr> </table>	Mother:	Pat. Grandmother:	Father:	Mat Grandmother:	Brother	Pat. Grandfather:	Sister:	Mat Grandfather:
Mother:	Pat. Grandmother:								
Father:	Mat Grandmother:								
Brother	Pat. Grandfather:								
Sister:	Mat Grandfather:								

Did you have a drink containing alcohol in the past year? If so, How often?

Never Monthly 2-4 times a month 2-3 times a week 4 or more times/week

Are you: Current Smoker Current Everyday Smoker Current Some Day Smoker

 Former Smoker Non-Smoker

 Unknown if ever smoked

 Light Tobacco smoker

 Heavy Tobacco Smoker

Is The Bedroom Carpeted: Yes/No

Is The Remainder of House Carpeted: Yes/No If so, AGE of carpet: _____

Type of Air Conditioning: Central, Window Unit, Evaporation Cooler, Heat Pump

Air filter changed at a frequency of: Monthly, Every Three Months, Other: _____

Any pets at home? If yes, what type of pet?

Type of work done for a living? _____