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**Diplomate, American Board of Allergy and Immunology**

**NEW PATIENT EVALUATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Referring Dr. /Person or Source: \_\_\_\_\_

**A. CHIEF COMPLAINT:**

ADDITIONAL NOTES:

**B. HISTORY & PRESENT ILLNESS:**

Has the patient had any of the following chronic/recurrent allergic symptoms?  
(Please mark all the items that apply)

**Eyes:**  Red or swollen eyelids     Itching     Redness     Swelling     Tearing  
 Sensitivity to light     Burning     Discharge     Dark circles under eyes

**Ears:**  Frequent ear infections     Ear drainage     Itching     Fullness     Popping  
 Changes in hearing     Pain     Ventilated tubes (*Myringotomy*)     Tinnitus

**Nose:**  Itching     Sneezing     Runny nose     Discharge (*clear, yellow, green*)  
 Headache(sites: \_\_\_\_\_)  Stiffness     Cannot smell     Mouth breathing  
 Constant rubbing nose (*Allergic salute*)  Bad breath     Sinus infections

**Throat:**  Post-nasal drip     Soreness     Mucus in AM     Snoring     Itchy throat  
 Hoarseness     No taste     Tonsillectomy     Adenoidectomy

**Chest:**  Cough     Wheezing     Pain     Night-time cough  
 Sputum (amount \_\_\_\_\_ color \_\_\_\_\_)     Shortness of breath (at rest \_\_\_\_\_ upon exertion \_\_\_\_\_)

**Abd.:**  Heartburn     Diarrhea     Milk intolerance     Acid regurgitation

**Skin:**  Itchy patches     Eczema (*scaly crusts*)     Dry skin  
 Hives     Swelling (location \_\_\_\_\_)

**Others:** \_\_\_\_\_  
\_\_\_\_\_

**C. SPECIFIC ENVIRONMENTAL ALLERGEN SURVEY**

**When, where and what brings on the symptoms? (i.e.: pollen season, foods, etc):** \_\_\_\_\_

All year round     Spring     Summer     Fall     Winter  
 Animals (*cat, dog, \_\_\_*)     Dust     Fumes (\_\_\_\_)     Temperature change (*cold, hot*)  
 After physical activity     Menses period     Night-time     After meals     Lying down  
 After insect stings     Common cold     Weekdays     Weekends     Cold air  
 In-, Out-doors     Home, Office     Basement     Beach house     Drought

**Itching throat/lips after eating certain fruits or food(s):** \_\_\_\_\_

Cheese     Milk     Chocolate     Melon     Cantaloupe     Honey dews  
 Mushrooms     Banana     Kiwi     Apple     Pear     Peaches  
 Citrus fruits     Beer     Wine     Strawberry     Shellfish  
 Peanut/peanut butter     Tree Nut: \_\_\_\_\_

**Contact Allergy:**     Latex glove, Balloon     Bandage     Ear Rings / Rings / Necklaces

**Drug Allergy:** \_\_\_\_\_, caused \_\_\_\_\_; \_\_\_\_\_ caused \_\_\_\_\_  
Aspirin, Ibuprofen, Advil caused symptoms:  none or \_\_\_\_\_

**Has the patient ever been stung by a Bee/Wasp:**  No  Yes  
If yes, symptoms:  local reaction     systemic reaction \_\_\_\_\_

**D. PREVIOUS ALLERGY TESTING AND TREATMENT**

ADDITIONAL NOTES:

Has the patient ever had any of the following?

- Allergy testing, where? \_\_\_\_\_, Result: \_\_\_\_\_
- Allergy shots, how long? \_\_\_\_\_, Improved? \_\_\_\_\_, Contents: \_\_\_\_\_
- Nasal Sprays: Nasonex, Nasarel, Nasocort AQ, Rhinocort AQ, Flonase, Nasalcrom, Astelin
- Inhaler: Proventil, Ventolin, ProAir, Combivent, Maxair, Foradil, Spiriva: Dosage: \_\_\_\_\_  
Advair, Azmacort, Asmanex, Flovent, Pulmicort Turbuhaler (or Respule), Tilade, Symbicort  
Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_
- Meds: Allegra, Allegra-D, Claritin, Claritin-D, Clarinex, Clarinex-D, Zyrtec, Zyrtec-D, Dura-Tuss,  
Rynatan, Ryna-Tuss, TheoDur, Uniphyl, Cortisol, Prednisone, PediPrep, Prelone, Medrol
- Others: \_\_\_\_\_

**E. CURRENT MEDICATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. PAST MEDICAL HISTORY**

- Hypertension       Heart disease       Liver disease       Kidney disease
- Diabetes             Glaucoma             Frequent diarrhea     Frequent colds
- Frequent bronchitis     Arthritis/ Arthralgia    Thyroid disease       Cancer
- Prostate symptoms     Surgery: \_\_\_\_\_     Hospitalization: \_\_\_\_\_

**G. ADDITIONAL SYSTEM REVIEW**

(ENT, Respiratory & Skin: see HPI)

- Constitution:**  negative       fever, chill, sweat, BW loss \_\_\_\_\_
- Eyes:**             negative       discharge, diplopia, blurred vision \_\_\_\_\_
- CV:**                 negative       chest pain, orthopnea, palpitation, claudication \_\_\_\_\_
- GI:**                  negative       constipation, recurrent diarrhea \_\_\_\_\_
- GU:**                 negative       hematuria, dysuria, kidney stones \_\_\_\_\_
- Neuro:**             negative       paraplegia, numbness, seizure \_\_\_\_\_
- Musc-Skelet:**     negative       joint pain/swelling, stiffness, back pain \_\_\_\_\_
- Endo:**              negative       DM, Thyroid dysfunction, GH def \_\_\_\_\_
- Psych:**             negative       anxiety, depression, bipolar, mood swing \_\_\_\_\_

**H. FAMILY HISTORY OF ALLERGIES**

Have any members of the family had:

- Asthma             Hay fever             Hives                 Skin rashes
- Sinus headaches    Allergies to medications (which drugs \_\_\_\_\_)
- Diarrhea due to foods or medications (which foods \_\_\_\_\_)
- Swollen mouth/tongue after eating foods (which foods \_\_\_\_\_)
- Any other medical conditions \_\_\_\_\_

**I. SOCIAL HISTORY/PHYSICAL AGENTS AND HABITS**

Has the patient been bothered by any of the following:

- Alcohol             Perfumes             Cold                 Heat
- Cosmetics         Weather Changes    Chemicals         Hair Spray
- Insecticides       Muggy weather     Paints             Newspapers
- Central Heating    Air Conditioning    Cigarette / Cigar / Pipe smoke
- Stuffed animals

If so what happens to the patient? \_\_\_\_\_

Who in the family smokes:

- Patient: How many: \_\_\_\_\_ pkg /day. How long: \_\_\_\_\_ years When did the patient quit: \_\_\_\_\_
- Mother             Father             Sibling             Other

What effect does smoking have on the patient? \_\_\_\_\_

**J. SOCIAL/ENVIRONMENTAL SURVEY**

**ADDITIONAL NOTES:**

Occupation of the patient; Spouse/Parents \_\_\_\_\_ Hobbies \_\_\_\_\_

Living where at onset? \_\_\_\_\_ Living where since onset? \_\_\_\_\_

Do symptoms change with vacation or major geographic change?  No  Yes, How? \_\_\_\_\_

Are symptoms better when staying elsewhere nearby?  No  Yes

Is patient's home in:  City  Rural area

Does patient live in:  House  Townhouse  Condo/Apartment

-Age of bldg. \_\_\_\_\_, for how long? \_\_\_\_\_

-Type of floor Living room:  Wood  Carpet  Area rug: \_\_\_\_\_%

Family room:  Wood  Carpet  Area rug: \_\_\_\_\_%

Bed room:  Wood  Carpet  Area rug: \_\_\_\_\_%

-Type of heat:  Forced air  Radiators  Heat pump  Oil  Electric

-Air Cond.:  No  Yes (central or window, electrostatic filters?)

-Humidifier  No  Yes (central/separate units)

-Basement:  No  Yes (damp, musty, flooding)

-Bathroom/Kitchen/Garage:  Mildew  Cockroaches

-In-house plants  No  Yes, # \_\_\_\_\_ In the bedroom  No  Yes, # \_\_\_\_\_

Open windows:  Never  During the warm seasons

Any pets?  No, previous owner/tenant any pets? \_\_\_\_\_ What kind of pets? \_\_\_\_\_

Yes, what kind of pets? \_\_\_\_\_

-Does the pet have access to patient's bedroom?  No  Yes, sleep with patient?  No  Yes

-Does patient have any type of reaction in the presence of the pet?

No  Yes, Describe it: \_\_\_\_\_

**All Bedrooms Environment:**

Pillow: # \_\_\_\_\_  Foam  Polyester  Feather  Cotton

Mattress:  Box Spring / Mattress  Waterbed

Blankets:  Wool  Polyester  Cotton

Comforter:  Polyester  Goose down  Cotton

Furniture:  Leather  Wood  Upholster

Floor:  Carpet  Wood  Rug

Window:  Drapery  Blinds  Shade

Stuffed Animals:  No  Yes, # \_\_\_\_\_ (whole house); # \_\_\_\_\_ in the patient's bed?

**K. PHYSICAL EXAM**

General \_\_\_\_\_ BP: \_\_\_\_\_ SP0<sub>2</sub>: \_\_\_\_\_ PR: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ TEMP: \_\_\_\_\_

Eye: conj.  nl  hyperemic, follicles, secretions \_\_\_\_\_ eyelids:  nl  \_\_\_\_\_

Ears:  nl  TM: retracted, hyperemic, exudate \_\_\_\_\_

Nose: Nasal Mucosa  nl  pale, pink, erythematous: \_\_\_\_\_

secretion:  dry, yellowish  bloody  clear discharge  \_\_\_\_\_

Nasal turbinate  nl  swollen  polyps

septum  mid-line  deviated

Sinuses:  non tender  tender  fullness

Throat:  nl  hyperemic  exudates  postnasal drip

Orophary/Teeth, Gum:  nl  dry mucosa, white spots, blister, high arch, narrow passage \_\_\_\_\_

Neck:  nl  mass, JVD \_\_\_\_\_

Endo: Thyroid  nl (nonplapable, np)  enlarged, tender, \_\_\_\_\_

Lymph.:  nl  lymphadenopathy, Neck \_\_\_\_\_ Axilla \_\_\_\_\_ Groin \_\_\_\_\_ Other \_\_\_\_\_

Chest:  clear  wheezing, \_\_\_\_\_ Insp. \_\_\_\_\_ Exp. \_\_\_\_\_  Rales  Rhonchi

Peak flow rate: \_\_\_\_\_ (Pred. \_\_\_\_\_ L/min) pO<sub>2</sub> %: \_\_\_\_\_ (on room air)

Heart:  nl  murmur, gallop, rub, irregular \_\_\_\_\_

Abd.:  nl  mass, tender \_\_\_\_\_ liver/spleen  np \_\_\_\_\_

Extremities:  nl  deformed, clubbing, cyanosis, edema, calf tenderness \_\_\_\_\_

Neuro.:  nl  paralyzed, cranial n. palsy, post CVA \_\_\_\_\_

Psych:  nl orientation to time, place, person Mood & Affect  nl  \_\_\_\_\_

Skin:  nl  xerosis  rash \_\_\_\_\_

dermatographism \_\_\_\_\_

**L. LAB TESTS**

**Allergen Skin Test:** Positive to: \_\_\_ Trees, \_\_\_ Grasses, \_\_\_ Weeds, \_\_\_ Ragweed, \_\_\_ Eng, Plat., \_\_\_ Molds, \_\_\_ Dust mites, \_\_\_ Cockroaches, \_\_\_ Cat, \_\_\_ Dog, \_\_\_ Others: \_\_\_

**Food:** \_\_\_\_\_

PFT: Result: \_\_\_\_\_

Rhinolaryngoscopy (*see Procedure note*)

Radiology \_\_\_\_\_

Patch test  Challenging test (*PFT*)

Blood test (*see Lab sheet*)

**M. IMPRESSION**

**N. PLAN**

- Discussed the pathophysiology of general allergy, sensitization, symptoms, complications and natural history (Atopic March) with patient and/or parents. (20 min)
- Environmental Control Regiment: (Pt./Fm education, indoor & outdoor aeroallergens avoidance and risk factors reduction were discussed, Video education reviewed, handout given) (15 min)
- Allergic Rhinitis, Conjunctivitis, Sinusitis, Asthma pathophysiology/anatomy reviewed.
- Urticaria, acute/chronic, pathophysiology reviewed, and possible etiology discussed (20 min)
- Natural history of food allergy was discussed; Suggest Diet Elimination for Food Allergy: National Food Allergy Network Information Fact Sheet given (15 min)
  - Benadryl/TwinJect or Epi-Pen 0.3/0.15 mg 2pack Rx given, technique taught/demonstrated, indication discussed.
- Atopic Dermatitis/ Eczema pathophysiology reviewed, including dry skin nature, dust mites sensitivity, food allergy, physical aggravating factors and bacterial superantigen factors (10min).
- AD/Eczema treatment protocol discussed (AD Action Plan Handout given): (20 min)
  - Skin Care Hydration Protocol: Reviewed hypoallergenic soap/cream/ointment, methods of bathing, soap and cream application/massage/sealing.
  - Physical factors avoidance: reviewed detergent, soap, shampoo, fabric softener; body Temp effects and sleep.
  - Review dust mites, bacterial colonization elimination regiment.
- Gastroesophageal reflux (GERD) pathophysiology and the association of GERD, Asthma & chronic cough were discussed. GERD precautions are recommended (handout given) (15 min)
- Educate the patient the correct techniques of using Nasal Sprays, Sinuse lavage/rinsing devices, Asthma inhalers/Discus/Nebulizers, Peak Flow meter and mouth rinsing.
- Meds & others:

➔ Total time of the Visit: Total time of direct patient counseling of care:  40  60  >80 minutes

Dr's Signature: \_\_\_\_\_ Date: \_\_\_\_\_