

Y. Howard Pung, M.D., M.P.H., F.A.A.A.A.I.
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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Frequent diarrhea | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Frequent bronchitis | <input type="checkbox"/> Arthritis/ Arthralgia | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Prostate symptoms | <input type="checkbox"/> Surgery: _____ | <input type="checkbox"/> 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:

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Perfumes | <input type="checkbox"/> Cold | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Weather Changes | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Hair Spray |
| <input type="checkbox"/> Insecticides | <input type="checkbox"/> Muggy weather | <input type="checkbox"/> Paints | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Central Heating | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Cigarette / Cigar / Pipe smoke | |
| <input type="checkbox"/> 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: _____ SP0₂: _____ 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) pO₂ %: _____ (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: _____