



1000 MEADE STREET SUITE 202
DUNMORE, PA 18512
PHONE 570-342-0800
FAX 570-969-1200

Name: _____ Date: _____

Current medications and dosages:

Allergies

____ Peanuts ____ IVP Dye ____ Eggs ____ Pollen ____ Dust Mites
____ Mold ____ Trees ____ Dust ____ Flowers ____ Perfume
____ Cat ____ Grass ____ Smoke ____ Feathers
____ Dog ____ Sea Food ____ Paint ____ Ragweed

Medication Allergies: _____

Tests Done	Date	Where
PFT (Breathing Test)	_____	_____
Stress Test	_____	_____
Cardiac Cath	_____	_____
Allergy Skin Test	_____	_____
Allergy Shots	_____	_____
Sleep Study	_____	_____

Patient Health History

Have you ever had or been told you have:

____ Asthma	____ Heart Disease	_____
____ Emphysema	____ High Blood Pressure	_____
____ Chronic Bronchitis	____ Diabetes	_____
____ Pneumonia	____ Arthritis	_____
____ Pleurisy	____ Depression	_____
____ Sleep Apnea/Sleep Disorder	____ Anxiety/Panic Attacks	_____
____ Tuberculosis/Exposure	____ Cancer	Nasal Surgery _____
____ TB Skin Test: When: _____ Results: _____	____ Serious Childhood Illness	Tonsillectomy _____
____ Thyroid Disease	____ Chronic Pain	_____
____ Neuropathies		

Other Surgeries & Date

Family History

Have your parents, siblings, children or other "blood" relatives ever had any of the following: Please list family member

____ Asthma	____ Tuberculosis	____ Cancer (location)
____ Allergies	____ Heart Disease	____ Sleep Disorders
____ Emphysema	____ Diabetes	_____

Smoking History

____ Never Smoked ____ Currently Smoking ____ Quit-Date _____ ____ Other Smoker in Household

Cigarettes...Packs p/day _____	Years Smoked _____
Pipe.....Bowls p/day _____	Years Smoked _____
Cigars.....Cigars p/day _____	Years Smoked _____

Work History

Current Employment: _____ Retired/yr _____
Past Employment: _____

Social History

Martial Status _____ Children _____ Type of Heat _____
Alcohol Use ____ None ____ Daily ____ Occasional Pets (Specify) _____
Hobbies: _____
Recent Travel out of State/Country (where/when) _____
Coffee/Tea ____ Decaffeinated ____ Caffeinated ____ Cups p/day
Soda ____ Decaffeinated ____ Caffeinated ____ Cups p/day