PATIENT HEALTH & ALLERGY HISTORY FORM

Patient Name: ______________________ ID#: ______________

Date: ______________ Patient Age: ____________ Sex: ☐ M ☐ F

Occupation: ______________________________________

Race: ☐ White ☐ Hispanic ☐ Black/African-American ☐ Asian ☐ Native American ☐ Other ______________

EXISTING CONDITIONS:

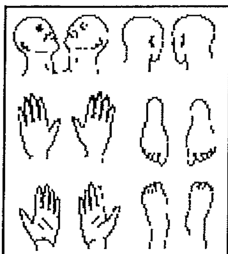
☐ Cancer ____________
☐ Cardiovascular Disease ____________
☐ High Blood Pressure ____________
☐ Alcohol/Drug Abuse ____________
☐ High Cholesterol ____________
☐ Lung/Respiratory Disease ____________
☐ Infectious Disease ____________
☐ Pregnancy ____________
☐ Immune Disorders ____________
☐ Obesity ____________
☐ Stroke ____________
☐ Diabetes ____________
☐ Depression ____________
☐ Liver Disease ____________
☐ Kidney Disease ____________
☐ Neurological Disorders ____________
☐ Allergies ____________
☐ Menopause ____________
☐ Puberty ____________
☐ Skin Disorders ____________
☐ Other ____________

CURRENT MEDICINES:
OTC & Rx
(dates, dosages)

☐ Vitamins/Minerals ____________
☐ NSAIDs ____________
☐ Asthma Medications ____________
☐ Oral Contraceptives ____________
☐ Sedatives/Sleep Aids ____________
☐ Rx Pain Meds ____________
☐ Oral Hypoglycemics ____________
☐ Hormones ____________
☐ Diuretics ____________
☐ Statins ____________
☐ Herbs ____________
☐ Aspirin ____________
☐ Antihistamines ____________
☐ Thyroxin ____________
☐ Steroids (nasal/topical) ____________
☐ Antidepressants ____________
☐ Insulin ____________
☐ Antibiotics/Antifungals ____________
☐ Other BP Medications ____________
☐ Anticoagulants ____________
☐ Other ____________

MEDICAL DEVICES:
including dental

☐ Implants ____________
☐ Braces ____________
☐ Crowns/Bridges ____________
☐ Stents ____________
☐ Fillings ____________
☐ Other ____________



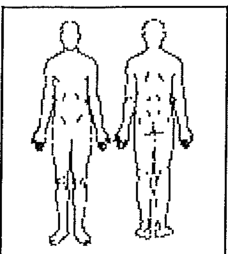
Current Complaint: ______________________________

Date of onset and/or duration: ______________________

At onset: Area(s) affected: ______________________

Severity: ☐ Mild ☐ Moderate ☐ Severe

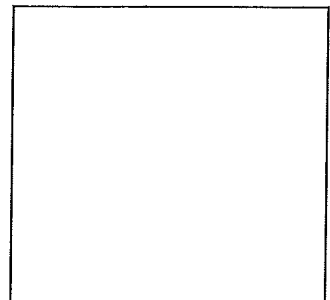
Type and pattern of eruption: ______________________



Now: Area(s) affected: ______________________

Severity:	☐ Mild	☐ Moderate	☐ Severe	
Currently:	☐ Stable	☐ Increasing	☐ Decreasing	☐ Unclear
Worsens:	☐ During work week		☐ After weekend	
Improves:	☐ After weekend		☐ After holidays/vacations	
Outbreaks Occur:	☐ Stable	☐ Increasing	☐ Decreasing	☐ Unclear
Previous Outbreaks:	☐ No	☐ Yes		

Date(s): ______________________



HISTORY OF ALLERGIC DISORDERS:

☐ Asthma ☐ Hay Fever ☐ Childhood Eczema ☐ Urticaria

Food Allergies: ☐ Known ☐ Suspected ☐ Type: ______

Other Known Allergies: ☐ Nickel/Metals ☐ Flowers/Trees/Glasses ☐ Perfume/Fragrance ☐ Latex (type I)

☐ Insects ☐ Medicines ☐ Rubber ☐ Animals

☐ Other: ______

Suspected Allergies: ______

Previous Drug Reactions: ☐ None ☐ Yes (drug/date) ______

Family History of Allergies & Asthma: ☐ Yes ☐ No **Hay Fever:** ☐ Yes ☐ No

Relationship (name): ______ Disease (name): ______

Relationship (name): ______ Disease (name): ______

HOME ENVIRONMENT:

☐ Home ☐ Apartment/Condo **Constructed after 1980?** ☐ Yes ☐ No **Renovated since 1980?** ☐ Yes ☐ No

Location: ☐ Suburban ☐ Urban ☐ Rural ☐ Other: ______ **Lived there since:** ______

Pets: ☐ None ☐ Cats ☐ Dogs ☐ Birds ☐ Rodents ☐ Livestock: ______ ☐ Other: ______

Current animal contact: ☐ Daily ☐ Rare ☐ Occasional **Pets in house?** ☐ Yes ☐ No

Pets/animals as a child? ☐ None ☐ Yes Type? ______ **Contact?** ☐ Rare ☐ Frequent

Symptoms around animals: ☐ No ☐ Yes Describe: ______

Housecleaning frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Rarely

Participate in housecleaning: ☐ Never ☐ Always ☐ Occasionally ☐ Rarely

Equipment/materials used: ______

Help with laundry? ☐ Never ☐ Daily ☐ Weekly ☐ Occasionally ☐ Rarely

Symptoms at home? ☐ No ☐ Yes Describe: ______

SPORTS/HOBBIES:

☐ Golf ☐ Tennis/Racquetball ☐ Woodworking ☐ Computers ☐ Baseball ☐ Sewing ☐ Football

☐ Skiing ☐ Knitting/Needlework ☐ Paper Crafts ☐ Ceramics ☐ Piano ☐ Painting

☐ Guitar ☐ Running/Hiking ☐ Home Repairs ☐ Basketball ☐ Photography

☐ Other: ______

Frequency: ☐ Daily ☐ Few times weekly ☐ Weekends only ☐ Rarely ☐ Duration: ______

Equipment/materials used: ______

______

Symptoms with sports/hobbies: ☐ No ☐ Yes Describe: ______

PERSONAL CARE:

☐ Handwashing frequency: ______ Soap type: ______

☐ Bathing frequency: ______ Soap type: ______

☐ Deodorant use/ frequency: ______ Deodorant type: ______

☐ Lotion use/ frequency: ______ ☐ Creme use/ frequency: ______

☐ Cologne/perfume use/ frequency: ______ ☐ Aftershave use/ frequency: ______

☐ Shaving cream use/ frequency: ______ ☐ Hair color use/ frequency: ______

☐ Toothpaste use/ frequency: ______ ☐ Mouthwash use/ frequency: ______

☐ Shampoo use/ frequency: ______ ☐ Conditioner use/ frequency: ______

☐ Nail polish use/ frequency: ______ ☐ Artificial nail use/ frequency: ______

☐ Contact lenses use/ frequency: ______ ☐ Saline cleaner use/ frequency: ______

Makeup Use: ☐ Foundation/Base ☐ Blush ☐ Eyeshadow ☐ Eyeliner ☐ Mascara ☐ Remover

☐ Lipstick/Gloss/Liner ☐ Concealer ☐ Face Powder ☐ Other: ______

Facials: ☐ Toner/Astringent ☐ Masque ☐ Moisturizer/Cream ☐ Cleanser ☐ Other: ______

Condoms/diaphragms: ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ Don't use ☐ Type: ______

Other personal care products use/frequency: ______

Symptoms with personal care: ______

JEWELRY & TATTOOS:

Wear: ☐ Daily ☐ Few Times each week ☐ Weekends ☐ Rarely ☐ Never

Jewelry type: ☐ Earring(s) ☐ Ring(s) ☐ Bracelet(s) ☐ Watch(es) ☐ Necklace(s)

Piercing(s): ____________________

Tattoos: ☐ Recent ☐ Old ☐ Permanent ☐ Temporary ☐ Henna-based

Symptoms with jewelry/tattoos: ____________________

EMPLOYMENT HISTORY:

Current employer: ____________________ **Since (date):** __________

Job title: ____________________ **Since (date):** __________

Job description: ____________________

Employer at onset of dermatitis: ____________________

Previous job description and duration: ____________________

Previous/current contact: ☐ Metals ☐ Dust ☐ Vibration ☐ Cold/Heat ☐ Fibers ☐ Chemicals ☐ Fumes
☐ Other: ____________________

Work environment: ☐ Office ☐ Factory ☐ Hospital ☐ Construction Site ☐ Farm ☐ Laboratory
☐ Indoors ☐ Outdoors ☐ Other: ____________________

Work equipment: ☐ Gloves ☐ Boots ☐ Apron ☐ Mask/Respirator ☐ Face Shield ☐ Head Cover
☐ Badge ☐ Monitors ☐ Overalls ☐ Other: ____________________

Symptoms at work: ____________________ **Since (date):** __________

Description of work when rash began: ____________________

Materials used at work: ____________________

☐ **Treat and/or** ☐ **document at place of employment:** ____________________

Effect of weekends/holidays/vacations: ☐ Same ☐ Improves ☐ Worsens

Loss of work: ☐ No ☐ Yes, on dates: __________ **Other workers with same problem?** ☐ No ☐ Yes

Previous compensation claims: ☐ No ☐ Yes, for: ____________________

☐ **Part-time or** ☐ **second job:** ☐ No ☐ Yes, as: ____________________

2nd job description: ____________________

2nd work environment: ☐ Office ☐ Factory ☐ Hospital ☐ Construction Site ☐ Farm ☐ Laboratory
☐ Indoors ☐ Outdoors ☐ Other: ____________________

Symptoms at 2nd job: ☐ Same as above ☐ Different: __________ Since (date): __________

NOTES: ____________________

60021-B_0114 © 2014 SmartPractice Canada • All rights reserved