Bel Air
2225 Old Emmorton Rd, Suite 111
Bel Air, MD 21015
443-987-6998

Towson/Lutherville
1300 York Rd, Suite 30D
Lutherville, MD 21093
443-519-2128

New Patient Medical History

Name: ____________________ **Date of Birth**: ____________ **Today's Date**: __________

How did you hear about us?

☐ Primary/Other Physician ____________________ **Referred? Y N** ☐ Friend/Relative ____________________

☐ Radio ☐ Internet ☐ Insurance ☐ Other ____________________

Who are your doctors? Primary Care: ____________________

Pharmacy info: Name ____________________

What brings you to Advanced Allergy and Asthma Centers?

____

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Medications:

What medications are you currently taking?

Allergies:

Do you have any medication or food allergies?

Name	Dose	Frequency	Name	Reaction
Name	Dose	Frequency	Name	Reaction
Name	Dose	Frequency	Name	Reaction
Name	Dose	Frequency	Name	Reaction

Past Medical History:

☐ Acne
☐ AIDS/HIV
☐ Anaphylaxis
☐ Alcoholism
☐ Allergies
☐ Anemia
☐ Anxiety
☐ Arthritis
☐ Asthma
☐ Back Problems
☐ Blood Disorder
☐ Blood Transfusion
☐ Bronchitis
☐ Cancer
☐ COPD
☐ Diabetes
☐ Ear Problems
☐ Eating Disorder
☐ Eczema
☐ Epilepsy
☐ Gallstones
☐ GERD/Heartburn
☐ Glaucoma
☐ Gout
☐ Hay Fever
☐ Headaches
☐ Hepatitis B
☐ Hepatitis C
☐ High Blood Pressure
☐ High Cholesterol
☐ Hives
☐ Joint Disorder
☐ Kidney Disorder
☐ Kidney Stones
☐ Liver Disorder
☐ Lung Disease
☐ Nasal Polyps
☐ Osteoporosis
☐ Pneumonia
☐ Rheumatic Fever
☐ Sinusitis
☐ Skin Disorder
☐ Sleep Apnea
☐ Stroke
☐ Substance Abuse
☐ Thyroid Problem
☐ Tuberculosis
☐ Sexually Transmitted Infection

Other: ____________________

Smoking History: Y / N How long? ________ # a day: _____

Dwelling: (please circle)

SFH APT TH CONDO # of years in home: _____

Type of heat: Oil Gas Electric

Type of Air: Forced Window Unit

Flooring: Carpet ____________ Hardwood ____________

Do you have any pets?

____ Dogs ____ Cats Other: _______

When do your symptoms occur? (please circle)

Winter Spring Summer Fall All Seasons

Have you ever been allergy tested? (please circle)

Yes No When: ____________________

Have you ever been on allergy shots? Yes No