

**BRUCE F. FRIEDMAN, M.D., INC.**

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
PRIMARY CARE PHYSICIAN: \_\_\_\_\_  
MAJOR SYMPTOMS: \_\_\_\_\_

DATE OF ONSET: \_\_\_\_\_  
BETTER/WORSE/SAME(circle one) IN THE PAST \_\_\_DAYS/WEEKS/MONTHS(circle one)  
HOBBIES OR ACTIVITIES(put a star next to those causing symptoms): \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? YES/NO  
IF SO, PLEASE LIST: \_\_\_\_\_  
DO YOU HAVE ANY ALLERGIES TO MEDICATIONS? YES/NO  
IF SO, PLEASE LIST \_\_\_\_\_  
DO YOU HAVE ANY FOOD ALLERGIES? YES/NO IF SO, PLEASE LIST: \_\_\_\_\_

**ALLERGY SYMPTOMS:** (circle those that apply)  
GENERAL: FATIGUE IRRITABILITY SLEEP LOSS LOSS OF SCHOOLWORK  
EYES: RUN ITCH RED PUFFY CIRCLES  
EARS: POP ITCH HEARING LOSS  
NOSE: ITCH SNEEZE RUN OR STUFFY CONGESTION POST NASAL DRIP  
SINUS: FULLNESS HEADACHES PRESSURE INFECTIONS  
MOUTH: ITCH  
CHEST: WHEEZE COUGH SHORTNESS OF BREATH CHEST TIGHTNESS  
SKIN: ECZEMA RASH ITCH HIVES DRYNESS  
THROAT: DRY SORE HOARSE

WHICH OF THE FOLLOWING TRIGGER YOUR SYMPTOMS: (circle those that apply)  
DOG CAT OTHER ANIMALS DUST TOBACCO SMOKE GRASS/FIELDS  
DAMPNESS MILDEW/MOLD HEATER AIR CONDITIONING SANTA ANA WINDS

**ENVIRONMENT:**  
HOW OLD THE HOUSE/APARTMENT THAT YOU LIVE IN? \_\_\_\_\_  
HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_  
WHAT TYPE OF MATTRESS DO YOU HAVE? \_\_\_\_\_  
ARE YOUR PILLOWS SYNTHETIC OR FEATHERS? \_\_\_\_\_  
WHAT TYPE OF HEATING DO YOU HAVE? (GAS/ELECTRIC) \_\_\_\_\_  
HOW OFTEN ARE FILTERS CHANGED? \_\_\_\_\_  
DO YOU HAVE THE FOLLOWING IN THE HOUSE? (circle those that apply)  
ANIMALS PLANTS SMOKERS  
DO YOU HAVE THE FOLLOWING IN THE BEDROOM? (circle those that apply)  
KNICK KNACKS BOOKS STUFFED ANIMALS  
FAMILY HISTORY OF ALLERGY: (circle those that apply)  
HAYFEVER ASTHMA ECZEMA OTHER (please explain) \_\_\_\_\_  
PREVIOUS MEDICAL HOSPITALIZATIONS: \_\_\_\_\_

PREVIOUS SURGERIES: \_\_\_\_\_