

Name: _____

List All Surgeries/Hospitalizations

Including Dates

- 1
- 2
- 3
- 4
- 5

List All Medical Conditions:

- | | |
|---|---|
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 4 | 8 |

List Any Drug Allergies and Type Of Reaction:

- 1
- 2
- 3
- 4

List Medical History of Allergy, Asthma, or Eczema for Each of the Following Family members:

- | | |
|---------|-------------------|
| Mother: | Pat. Grandmother: |
| Father: | Mat Grandmother: |
| Brother | Pat. Grandfather: |
| Sister: | Mat Grandfather: |

Section Of Town In Which You Live:

Year House Was Built: _____

Neighborhood is: Urban, Semi-Rural, Heavily Wooded, Industrial, Other: _____

Drainage Around The House After Rain: Good, Fair, Poor

Age of Mattress: _____

Mattress Has Plastic Cover: Yes/ No

Type of Pillow: Foam, Polyester, Cotton, Tempurpedic, Other: _____

Age Of Pillow: _____

Frequency Bedding is Washed: Weekly, Bi-Weekly, Monthly

Stuffed Animals In the Bedroom: Yes/No

Is The Bedroom Carpeted: Yes/No

Is The Remainder of House Carpeted: Yes/No If so, AGE of carpet: _____

Type of Air Conditioning: Central, Other _____

Frequency Air Filter is Changed: Monthly, Every Three Months, Other: _____

Portable Air Filter: Yes/No

Pets Owned: Yes/No If so, what kind: Dog, Cat, Horse, Guinea Pig, Other: _____

Are Pets Allowed In Bedroom: Yes/No Are Pets Allowed on Bed: Yes/No

Any Household Smokers: Yes/No

Mildew Accumulates on Furniture After Dusting After Apprx: _____ Days/Weeks

Mildew Problems In Home If Precautions Are Not Taken: Yes/No

Are you:	Current Smoker	Current Everyday Smoker	Current Some Day Smoker
	Former Smoker	Non-Smoker	

Did you have a drink containing alcohol in the past year: Yes/No

IF so, How often did you have a drink containing alcohol in the past year:

Never Monthly 2-4 times a month 2-3 times a week 4 or more times/week

How many drinks did you have on a typical day when you were drinking in the past year?

1 or 2 Drinks 3 or 4 Drinks 7-9 Drinks 10 or More

How often did you have 6 or more drinks on one occasion in the past year?

Never Less Than Monthly? Monthly Weekly Daily