

**MIDWEST IMMUNOLOGY INITIAL HISTORY FORM**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**In compliance with Federal regulations, Midwest Immunology Clinic must now collect race/ethnicity, country of origin and primary language information for all patients we serve.**

**Race/Ethnicity:**      Please circle from the following list

- American Indian/Alaskan
- Asian
- Bi-racial
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White/Caucasian

**Country of Origin:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_

**Physicians involved in your care along with clinic name:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for Immunology Referral:** \_\_\_\_\_

\_\_\_\_\_

**Current Medications along with dosage and frequency, including over-the-counter medications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Latex Allergy?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Environmental Allergies (grass, dust, mold, etc):** \_\_\_\_\_

\_\_\_\_\_

**Hospitalizations (list most recent first):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Surgeries:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social History:**

Occupation: \_\_\_\_\_  
With whom do you live: \_\_\_\_\_  
House, apartment, trailer home: \_\_\_\_\_  
Pets in the home: \_\_\_\_\_  
Smoke exposure: \_\_\_\_\_  
Chemical or fume exposure: \_\_\_\_\_  
Previous blood transfusion: \_\_\_\_\_

**Family History** (recurrent infection, rheumatoid arthritis, asthma, diabetes, etc.):

Siblings: \_\_\_\_\_  
Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
Maternal grandmother: \_\_\_\_\_  
Maternal grandfather: \_\_\_\_\_  
Paternal grandmother: \_\_\_\_\_  
Paternal grandfather: \_\_\_\_\_  
Children: \_\_\_\_\_  
Other: \_\_\_\_\_

**Do you have now or ever had any of the following symptoms:** (circle if yes)

- |                    |                     |                          |
|--------------------|---------------------|--------------------------|
| Hair loss          | Wheezing            | Joint pain               |
| Scalp sores        | Shortness of breath | Urinary tract infections |
| Hearing loss       | Cough               | Menstrual irregularities |
| Ear drainage       | Sputum production   | Skin rashes              |
| Eye irritation     | Chest pain          | Eczema                   |
| Drainage from eyes | Heart palpitations  | Delayed healing          |
| Blurred vision     | Nausea              | Acid reflux              |
| Mouth sores        | Dental decay        | Abdominal pain           |
| Tooth loss         | Diarrhea            | Sinus infection          |
| Constipation       | Neck stiffness      | Swelling of joints       |

**Other pertinent medical information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please FAX all related medical information to Midwest Immunology  
prior to your appointment at 763-577-0192**