

Mary M. Parkes Center for Asthma, Allergy & Pulmonary Care
Calkins Health Commons
400 Red Creek Dr., Suite 110
Rochester, NY 14623
Phone: 486-0147 -- Fax: 486-0673

(Name)

(Date of Birth)

(Date)

Please answer a few questions about your health and bring this form with you at the time of the visit.

Reason for pulmonary consultation:

My past medical problems include:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

My past surgical procedures include:

1. _____
2. _____
3. _____
4. _____
5. _____

I am currently taking the following medications (please include dosage and bring prescription bottles & inhalers with you at the time of your visit:

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | |
| 7. _____ | |

Are you allergic to any medicines?

Yes No

If yes, please list? _____

I have had the following hospitalizations (include problem, hospital, dates):

1. _____
2. _____
3. _____
4. _____

The following diseases have occurred in my immediate family members (grandparents, parents, brothers, sisters, children):

Smoking History: Yes If yes, # of years smoked? _____ Occasionally Never
of Packs per day? _____

Occupation & Work Environment: _____

Social History: Married Single Separated Divorced
Children: Yes, # of Children _____ No
