

# Shoreline Allergy, P.C.

# ENVIRONMENTAL SURVEY

6215 Harvey St., Muskegon, MI 49444 231-799-8777 Fax 231-798-7423

Please complete and return this Environmental Survey prior to your appointment. Mail it, if possible, or bring it with you if time does not permit mailing. Please print answers and be as specific as possible.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
LAST FIRST INITIAL

Marital Status:  Married  Widowed  Single  Divorced  Other: \_\_\_\_\_

Spouse Or Parent: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### What are your chief complaints?

Sneezing  Insect Allergy  Swelling  Nasal Polyps  Rash  Nasal Congestion  Hives  
 Food Allergy  Runny Nose  Sinusitis  Drug Allergy  Hives  Breathing Problems  Other: \_\_\_\_\_

### Family History (Do any other family members have any of the above allergic disorders? Please state problem for each.)

Grandmother: \_\_\_\_\_ Grandfather: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Sisters: \_\_\_\_\_ Brothers: \_\_\_\_\_

Children: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Years: \_\_\_\_\_

Symptoms, If Any, On Job: \_\_\_\_\_

Name Chemicals Used On Job: \_\_\_\_\_

Past Occupation: \_\_\_\_\_ Years: \_\_\_\_\_ Symptoms, if any: \_\_\_\_\_

**Home Location:**  Suburban  City  Rural  Village  Other: \_\_\_\_\_

**Type:**  Apartment  Frame  Bungalow  Brick  Other: \_\_\_\_\_

How long have you lived at this residence? \_\_\_\_\_ Heating Type: Blower  Yes  No

**Humidifier:**  Yes  No If Yes, is it  On Furnace  Portable

**Basement:**  Yes  No **Type:**  Heated  Dry  Walk In  Damp  Michigan  Built In  Other: \_\_\_\_\_

**Bedroom:** Rug Type: \_\_\_\_\_ Rug Age: \_\_\_\_\_ **Livingroom:** Rug Type: \_\_\_\_\_ Rug Age: \_\_\_\_\_

Pillow Type: \_\_\_\_\_ Pillow Age: \_\_\_\_\_ Furniture Type: \_\_\_\_\_ Furniture Age: \_\_\_\_\_

Blanket Type: \_\_\_\_\_ Blanket Age: \_\_\_\_\_ Drapes Type: \_\_\_\_\_ Drapes Age: \_\_\_\_\_

Quilt Type: \_\_\_\_\_ Quilt Age: \_\_\_\_\_

Are your symptoms worse in any particular part of your home? \_\_\_\_\_

What do you think makes symptoms worse? \_\_\_\_\_

Do other homes give you problems? Describe: \_\_\_\_\_

Under what circumstances are you symptom free? \_\_\_\_\_

**Animals Dog:** Type: \_\_\_\_\_  Inside  Outside Years Of Contact: \_\_\_\_\_ Symptoms: \_\_\_\_\_

**Cat:** Type: \_\_\_\_\_  Inside  Outside Years Of Contact: \_\_\_\_\_ Symptoms: \_\_\_\_\_

**Other:** Type: \_\_\_\_\_  Inside  Outside Years Of Contact: \_\_\_\_\_ Symptoms: \_\_\_\_\_

**Physical Agents And Habits:**

- Tobacco \_\_\_\_\_ Years
- Cigarettes \_\_\_\_\_ Packs/Day
- Cigars/Pipes \_\_\_\_\_ Quantity/Day
- Never smoked
- Stopped smoking, date: \_\_\_\_\_
- Bothered by second hand smoke

**Bothered By:**

- Alcohol
- Heat
- Cold
- Perfume
- Paint
- Insects
- Cosmetics
- Flowers
- Air Conditioner
- Muggy Weather
- Chemicals
- Hair Spray
- Newspaper
- Pollution Index

**Symptom Occur With (Describe Symptoms):**

- Exercise \_\_\_\_\_
- Raking Leaves \_\_\_\_\_
- Summer Home \_\_\_\_\_
- Lakeside \_\_\_\_\_
- Damp Basement \_\_\_\_\_
- In Barns \_\_\_\_\_
- Swimming \_\_\_\_\_
- Dry Attic \_\_\_\_\_
- Only In Bed \_\_\_\_\_
- Around Hay \_\_\_\_\_
- Lawn Mowing \_\_\_\_\_
- Tension \_\_\_\_\_
- Traveling In Other Cities, States Or Countries: \_\_\_\_\_

Are your symptoms relieved by any geographic location?  Yes  No

**Symptoms Occur After Eating (Describe):**

- Cheese \_\_\_\_\_
- Shellfish/Fish \_\_\_\_\_
- Bananas \_\_\_\_\_
- Nuts \_\_\_\_\_
- Other Foods (List): \_\_\_\_\_
- Mushrooms \_\_\_\_\_
- Beer \_\_\_\_\_
- Melon \_\_\_\_\_
- Citrus Fruit \_\_\_\_\_

Do you have any reactions to drugs?  Yes  No List drug and reaction: \_\_\_\_\_

Describe briefly past treatments for any of the above symptoms: \_\_\_\_\_

**Antihistamines:** Kind: \_\_\_\_\_ Dosage: \_\_\_\_\_ How Long Used: \_\_\_\_\_ Results: \_\_\_\_\_

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**Allergy Injections:** How Long? \_\_\_\_\_ Started By Whom? \_\_\_\_\_

Frequency And Results: \_\_\_\_\_

**Nasal Spray:** Type And How Often: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are a severe asthmatic using drugs daily, please contact us about stopping drugs. The use of a nebulizer and/or bronchodilator will not nullify skin tests and can be used the day of allergy survey.