



ALLERGY AND ASTHMA SPECIALISTS OF CADILLAC

MARTIN DUBRAVEC, MD

THE HISTORIC MITCHELL HOUSE

200 EAST MASON STREET • CADILLAC, MI 49601

PH: (231) 779-4444 • FAX: (231) 779-2859

Patients - please fill out this side:

What brings you to see us?

Sneezing, itchy, runny nose yes no

Nasal congestion yes no

Postnasal drip, throat clearing yes no

Frequent coughing yes no

Itchy, watery eyes yes no

Frequent yellow/green nasal drainage yes no

Recurrent sinus infections yes no

Decreased sense of smell yes no

No sense of smell yes no

Recurrent ear infections yes no

Frequent headache yes no

Wheezing yes no

Shortness of breath yes no

Skin rash yes no

Hives/swelling yes no

Possible reaction to a bee sting yes no

Possible reaction to a food yes no

Your symptoms occur

In the spring summer fall winter

all of the time indoors outdoors

at work at school

Triggers of your symptoms:

cats dogs dust molds mowing lawns smoke cold air colds infections

temperature changes emotions

other:

Name _____

Birthdate _____ Today's Date _____

Referring HCP _____

Have these medications been prescribed?	Date?	Helpful?
<input type="checkbox"/> Claritin (loratadine)	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Zyrtec (cetirizine)	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Allegra (fexofenidine)	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Flonase (fluticasone)	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Prior Allergy Work-up:

Sinus CT _____

CXR _____

Skin Tests _____ Date _____

Prior allergy shots helped not helped

reactions

Sinus Surgery _____ Date _____

Other:

