

Lafayette Clinic P.A.
Allergy & Respiratory History Form

Environmental:

What type of home do you live in? (circle) **How many levels? _____**

- Home
- Apartment
- Mobile home
- Rental home

Does your home include any of the following? (circle)

- Basement
- Attic
- Crawlspace

What type of floors do you have in your home? (circle)

- Hardwood
- Linoleum
- Tile
- Carpet
- Other

What type of heating system do you have? (circle)

- Gas
- Heat pump
- Central (electric)
- Wood
- Space heater

What type of bed do you have? (circle)

- King
- Queen
- Full
- Twin
- Bunk
- Daybed
- Toddler Crib

What type of comforter do you have? (circle)

- Fiber filled (polyester)
- Feather
- Handmade Quilt

What type of pillows do you use? (circle)

- Fiber filled (polyester)
- Feather
- Cotton

Circle what pets you may own:

- Cat
- Dog
- Goat
- Rabbits
- Cows
- Hamster
- Gerbil
- Ferret
- Horse
- Other

Family History:

(check all that apply)

	asthma	allergies	sinus	hives	eczema	headaches	high BP	cancer	thyroid
father									
mother									
brother(s)									
sister(s)									
children									
dad's side									
mom's side									

Name of school: _____ Grade: _____

Type of floors _____ Type of heating system _____

Are there musty/moldy odors? Y / N

Name of workplace: _____

Type of floors _____ Type of heating system _____

Are there musty/moldy odors? Y / N