

NEW PATIENT ENVIRONMENTAL HISTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF COMPLAINTS:

1. \_\_\_\_\_ ONSET \_\_\_\_\_

2. \_\_\_\_\_ ONSET \_\_\_\_\_

3. \_\_\_\_\_ ONSET \_\_\_\_\_

4. \_\_\_\_\_ ONSET \_\_\_\_\_

5. \_\_\_\_\_ ONSET \_\_\_\_\_

6. \_\_\_\_\_ ONSET \_\_\_\_\_

PAST HISTORY

SURGICAL PROCEDURES TO INCLUDE THE YEAR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SERIOUS INJURIES/BROKEN BONES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SERIOUS ILLNESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES TO MEDICATIONS/FOODS/ETC.:

FOODS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

DO YOU HAVE HAY FEVER, ASTHMA, OR ANY OTHER CHRONIC LUNG DISORDERS: \_\_\_\_\_

LIST ALL THE MEDICATIONS YOU ARE CURRENTLY TAKING:

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FAMILY HISTORY:

	Present age	State of Health	Age at Death	Cause of Death
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Brother	_____	_____	_____	_____
Sister	_____	_____	_____	_____
Sons	_____	_____	_____	_____
Daughters	_____	_____	_____	_____

DOES ANYONE ON THE FAMILY HAVE HEART DISEASE, KIDNEY DISEASE, CANCER, VASCULAR DISEASE, OR TUBERCULOSIS? If so, who? \_\_\_\_\_

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LIST VITAMINS AND SUPPLEMENTS CURRENTLY TAKING: \_\_\_\_\_

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HABITS:

COFFEE: REGULAR \_\_\_\_\_ DECAF \_\_\_\_\_ TEA: \_\_\_\_\_ CUPS PER DAY \_\_\_\_\_

ALCOHOL: TYPE \_\_\_\_\_ AMOUNT \_\_\_\_\_ FREQUENCY \_\_\_\_\_

EXERCISE: FREQUENCY \_\_\_\_\_ TYPE \_\_\_\_\_ TIME \_\_\_\_\_

SMOKING: HOW MANY PER DAY? \_\_\_\_\_ HOW MANY YEARS? \_\_\_\_\_

HAVE YOU EVER RENOVATED YOUR HOME? YES \_\_\_ NO \_\_\_ WHEN \_\_\_\_\_

WERE YOU OCCUPYING YOUR HOUSE DURING THE RENOVATION? YES \_\_\_ NO \_\_\_

WHAT RENOVATIONS WERE DONE TO YOUR HOME? \_\_\_\_\_

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LIST YOUR HOBBIES: \_\_\_\_\_

DO YOU WORK WITH PAINT STRIPPERS, GLUES, ETC.? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE PROBLEMS WITH INSECT STINGS? YES \_\_\_\_\_ NO \_\_\_\_\_



SENSIVITIES NOTED TO INHALANTS, FOODS, AND CHEMICALS:

DATE OF ONSET      INHALANTS

\_\_\_\_\_ Pollens  
\_\_\_\_\_ Dust  
\_\_\_\_\_ Molds  
\_\_\_\_\_ Dog dander  
\_\_\_\_\_ Cat dander

DATE OF ONSET      FOODS

_____	Citrus	_____	Corn
_____	Onions	_____	Wheat
_____	Sugar	_____	Yeast
_____	Chocolate	_____	Milk products
_____	Beef	_____	Eggs
_____	Pork	_____	Soybeans
_____	Poultry	_____	Alcohol
_____	Nuts		
_____	Fish		
_____	Beans		
_____	Corn		

DATE OF ONSET

CHEMICALS

\_\_\_\_\_

Natural Gas

\_\_\_\_\_

Fresh newspapers

\_\_\_\_\_

Car exhaust

\_\_\_\_\_

Perfumes

\_\_\_\_\_

Pesticides

\_\_\_\_\_

Cooking odors

\_\_\_\_\_

Plastics

\_\_\_\_\_

Gasoline

\_\_\_\_\_

Carpets—new/old

\_\_\_\_\_

Fabric stores

\_\_\_\_\_

Chlorine

\_\_\_\_\_

Paints

\_\_\_\_\_

Aerosols

\_\_\_\_\_

Disinfectants

\_\_\_\_\_

Cigarette smoke