Chicago Family Asthma & Allergy
2551 N Clark St, Ste 100, Chicago, IL 60614
773-388-2322, Fax 773-388-2333
Chicagofamilyasthma.com

Follow-up Appointment

Patient: _____ DOB: _____ Date: _____

***New address, phone number, or insurance info?** **Please let us know at the front desk.**

***PLEASE LIST ALL MEDICATIONS*. Include inhalers, nasal sprays, eye drops, or injectors. Please include doses and how frequently they are used, even those used as needed or in case of an emergency**. Please circle or indicate any medicines you would like refilled.

_____

_____

_____

Surgeries or hospitalizations since last visit? ☐ No ☐ Yes (explain): _____

_____

_____

Review of Systems ***Please check Yes or No:***

System		System	
General:		**Chest/Respiratory:**	
Recent fever	☐ Yes ☐ No	Wheezing	☐ Yes ☐ No
Abnormal weight loss	☐ Yes ☐ No	Coughing	☐ Yes ☐ No
Fatigue	☐ Yes ☐ No	Shortness of breath	☐ Yes ☐ No
Eyes:		**Gastrointestinal:**	
Itching	☐ Yes ☐ No	Reflux	☐ Yes ☐ No
Redness	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Swelling	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Ear, Nose, Throat:		**Skin:**	
Nasal congestion	☐ Yes ☐ No	Eczema	☐ Yes ☐ No
Nasal drainage	☐ Yes ☐ No	Itching	☐ Yes ☐ No
		Swelling	☐ Yes ☐ No
		Hives	☐ Yes ☐ No

Any furry pets in the home? ☐ No ☐ Yes (explain): _____
Any smoke exposure in the home? ☐ No ☐ Yes (explain): _____
Any drug allergies? ☐ No ☐ Yes (please list):_____

_____