David E. Provencher, Jr., M.D.
Board Certified
Allergy, Asthma and Immunology

THANK YOU FOR CHOOSING PLANT CITY ALLERGY!

In order to help streamline your first visit, please take a few minutes to fill out this medical history form. Don't forget to be specific about the reason(s) you or your child are seeing the doctor. We will ask you for this form and we will make a copy of your insurance card when you arrive. You will also be asked to look over our patient information privacy guidelines as required by federal HIPAA regulations.

IMPORTANT

If your insurance plan is an H.M.O., you will likely need a referral for your visit(s) in order for your insurance company to cover the charges. Please contact your primary care provider's office to obtain this referral. Make sure your appointment is scheduled enough time away to allow your primary care provider a chance to generate this referral for you. Some offices generate referrals in a day or two, but others need a week or more. Your primary care's office will either fax us the referral or you may pick it up and bring it with you to your appointment. Please call us to reschedule at least 24 hours in advance if you have not been able to obtain the referral or you can not make your original appointment to avoid a rescheduling fee.

If you are unsure whether or not you need a referral, call the customer service number on your insurance card and ask if you need a referral to see a specialist (allergist).

Don't forget to bring the following items with you for your appointment:

- **Your insurance card**
- **Your medical history form**
- **Your referral to see a specialist (if required)**

Thank you for choosing Plant City Allergy, P.A., we look forward to seeing you.

Directions from I-4: Exit 19 Thonotosassa road toward Plant City, just before 2nd light make a U-turn (by the "Tooth Caboose") and take the first right into Southern Oaks Professional Center. We are in suite 104 for appointments and suite 106 for injections.

Directions from Downtown Plant City take Baker Street (one way) all the way to light at Thonotosassa road (heading towards I-4 by the "Tooth Caboose"), take a right onto Thonotosassa road and another quick right into Southern Oaks Professional Center.

NOTE: PLEASE DO NOT WEAR PERFUME OR COLONGNE IN OUR OFFICE!

104 & 106 Southern Oaks Drive, Plant city, FL 33563 Phone: 813-752-8595 Fax: 813-752-8088

PATIENT HISTORY FOR INITIAL EVALUATION

Name: ____ Date: __________________

What is the reason for your visit? Please briefly describe your symptoms:

____
____
____
____
____

Circle any conditions you have or have had in the past:

High blood pressure	Reflux/heartburn	Hay fever/allergies	Hives
High cholesterol	Arthritis	Asthma	Bee sting reactions
Heart disease	Thyroid	Eczema	Ant bite reactions
Diabetes	Stroke	Sinusitis	Bronchitis

List other medical conditions:

____
____
____
____
____

List Hospitalizations/Surgeries: Date:

____
____
____
____
____

Current Medications with dosages:

1______________________________
2______________________________
3______________________________
4______________________________
5______________________________

Continued medications with dosages:

6______________________________
7______________________________
8______________________________
9______________________________
10_____________________________

I am allergic to the following medications:

Medication name:	What happens if you take this medication?
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

I am allergic to the following foods:	What happens if you take this food?
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

Family history of allergy:

Family member		Allergy/Hay fever	Asthma	Eczema	Sinus
Father:	____________	☐	☐	☐	☐
Mother:	____________	☐	☐	☐	☐
Siblings:	____________	☐	☐	☐	☐
	____________	☐	☐	☐	☐
	____________	☐	☐	☐	☐
Children:	____________	☐	☐	☐	☐
	____________	☐	☐	☐	☐
	____________	☐	☐	☐	☐

ENVIRONMENTAL SURVEY

Approximate age of your home: _____. Has your home sustained water damage? Y N

What type of home? ( )House ( )Apt. ( )Condo ( )Mobile home

Do you have HEPA filters or air cleaners/purifiers? Y N

Specify which rooms are carpeted: ____

Please list all pets by type (i.e. dog(s), cat(s), rabbit(s), hamster(s), etc.:

____

Are there any smokers living in this home? Y N

JOB/OCCUPATION:____

Are your symptoms *worse* at work at at home? ______________

SOCIAL HISTORY

Current marital status: ( )Single ( )Married ( )Partnered ( )Widowed

Alcohol use: ( )Never ( )Rarely ( )Moderate ( )Daily ( )Heavy

Use of tobacco: ( )Never ( )___ packs a day ( )Previous smoker quit ____

Use of other recreational substances: ____

Hobbies:____
____

REVIEW OF SYSTEMS – PLEASE CHECK ALL THAT APPLY

GENERAL
□ Recent weight gain
□ Recent weight loss
□ Ongoing fevers
□ Fatigue

EAR/NOSE/THROAT
□ Hearing loss
□ Ringing in ears
□ Sinus pain/congestion
□ Nose bleeds
□ Bad breath
□ Dry mouth
□ Sore throat
□ Snoring

SKIN
□ Hives
□ Rash
□ Itching
□ Blistering

REACTIONS TO
□ Latex
□ Anesthetics
□ Aspirin/Motrin
□ IV contrast dye
□ Other: ___________

MUSCULOSKELETAL
□ Joint pain
□ Joint stiffness
□ Joint swelling
□ Weakness
□ Back pain
□ Difficulty walking

GASTROINTESTINAL
□ Loss of appetite
□ Nausea/Vomiting
□ Abdominal pain
□ Frequent diarrhea
□ Frequent constipation
□ Heartburn/reflux
□ Ulcers

EYES
□ Glasses/Contacts
□ Glaucoma
□ Tearing
□ Itching
□ Redness
□ Cataracts

ENDOCRINE
□ Diabetes
□ Thyroid

LUNGS
□ Chronic cough
□ Excess sputum
□ Short of breath
□ Wheezing
□ Spitting blood

HEART
□ Heart trouble
□ Palpitations
□ Ankle swelling
□ Chest pain

PSYCH.
□ Memory loss
□ Depression
□ Anxiety

OTHER
□ Anemia
□ Transfusions
□ Swollen glands
□ Difficulty urinating