Stony Brook Medicine

LONG ISLAND ALLERGY AND ASTHMA

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A LOCATION OF STONY BROOK INTERNISTS

Patient: DOB: Date of Service:

Review of Systems **Check off any problems you have had repeatedly in the last month:**

Eyes	**Respiratory**	**Psychiatric**
☐ Dry Eyes	☐ Cough	☐ Anxiety
☐ Tearing	☐ Sputum	☐ Depression
☐ Vision Change	☐ Shortness of Breath	☐ Sleep Disturbances
	☐ Wheezing	
Cardiovascular	**Gastrointestinal**	
☐ Chest Pain	☐ Heartburn	☐ Constipation
☐ Palpitations	☐ Difficulty Swallowing	☐ Diarrhea
☐ Ankle Swelling	☐ Vomiting	☐ Stomach Pain
Ear, Nose and Throat	**Neurological**	**Gynecologic/Genitourinary**
☐ Earaches	☐ Headaches	☐ Urinary
☐ Sinus	☐ Dizziness	☐ Menstrual Problems
☐ Sore Throat	☐ Numbness	
☐ Snoring		
☐ Nasal Congestion		
☐ Runny Nose		
Musculoskeletal	**Skin**	
☐ Muscle Weakness	☐ Rashes	
☐ Joint Pain	☐ Itchy	
		None of the above ☐

BELOW FOR OFFICE STAFF ONLY

10 Min ☐ **20 Min** ☐ **30 Min** ☐

Type of appointment: **FUP** ☐ **Skin test** ☐ **Indoor** ☐ **Outdoor** ☐ **Food** ☐ **Screen** ☐ **Patch Test** ☐
IT ☐ **Xolair** ☐ **Vaccine** ☐ **Venom** ☐

Next appointment: _____

SEND THANK YOU LETTER TO THE FOLLOWING REFERRING MD: _____