

LONG ISLAND ALLERGY AND ASTHMA, P.C.

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Patient: _____ DOB: _____ Age: _____ Date: _____

Referring MD: _____ Primary MD: _____ Medication Allergies: _____

Chief Complaint: _____

ENVIRONMENTAL HISTORY

Home: Age _____ Years There _____ Own _____ Rent _____ Dusty: Y N Mildew: Y N Recent Floods: Y N

Pets: Y N Dogs _____ Cats _____ Birds _____ Hamsters _____ Ferrets _____ Rabbits _____ Other _____

Which allowed bedroom? _____ On Bed? _____

How long has each animal been in house? _____

Carpeting: Patients bedroom? Y N Family room? Y N

Heating System: Fuel: Oil _____ Gas _____ Electric _____

Delivered by: Hot water baseboard _____ Steam _____ Forced hot air _____

Air Conditioning: Y N Central _____ Patients bedroom? _____

Times per Month Used: Fireplace _____ Woodburning Stove _____

Pillows: Foam _____ Feather _____ Dacron-Polyester _____

Blankets: Wool _____ Acrylic _____ Down _____ Velux _____ Cotton _____ Poly _____ Stuffed animals on bed? _____

Basement: Y N Damp or Dry _____ Dehumidifier used? _____

In basement you do: Laundry _____ Exercise _____ Workshop _____

REVIEW OF SYSTEMS Circle any problems you have had repeatedly in the last year

Constitutional Fever, Sweats, Fatigue, In last 12 mos- Wt gain, Wt loss

Eyes: Dry eyes, Irritation, Vision change

ENT: Earaches, Sinus, Sore throat, Snoring

Resp: Cough, Sputum, Shortness of breath

Skin: Rashes

CNS/Psy: Anxiety, Depression, Sleep disturbances

Gyn/GU: Urinary, Menstrual problems

CV: Chest pain, Palpitations, Ankle swelling

MS: Pains, Arthritis, Weakness

GI: Heartburn, Difficulty swallowing, Vomiting,
Constipation, Diarrhea, Stomach pain

Neuro: Headaches, Dizziness, Numbness

ROS reviewed: Signature: _____

