

# ASTHMA AND ALLERGY CENTER

## Established Patient EHR Completion Questionnaire

Dear patient:

As required by the Federal Government, we are converting your medical chart to electronic medical records. The following information is required for an up to date conversion. We thank you for your cooperation.

1 Race/Ethnicity:  Caucasian  African-American  Hispanic  Native-American  Other: \_\_\_\_\_

2. Patient's or for minors the responsible adult's EMAIL ADDRESS: \_\_\_\_\_

3. List all **hospitalizations** with approximate dates and diagnosis.

Reasons

Date

_____	_____
_____	_____
_____	_____

( Please continue the answers on reverse if necessary)

4. List all **surgeries** with approximate dates and diagnosis.

Surgery

Date

Diagnosis

_____	_____	_____
_____	_____	_____
_____	_____	_____

( may continue on reverse if necessary)

5. List all **current medical problems** other than those you are seeing us for, with approximate date and treatment.

Problem

Date of Diagnosis

Treatment

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List all **current medications** you are taking, including supplements and herbals.

For Allergic Rhinitis / Asthma: \_\_\_\_\_  
\_\_\_\_\_

For other illness: \_\_\_\_\_  
\_\_\_\_\_

7. List any **medications you are allergic to or cannot tolerate** for other reasons and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Tobacco** Use:  Never smoked or less than 100 cigarettes in lifetime

Current non-smoker:  smoked for \_\_\_\_\_ years average \_\_\_\_\_ packs/day  
 quit \_\_\_\_\_ months/years ago

Current smoker: 1-3 cig/day ½ -1 pack/day 1-2 packs/day

Non-smoker but exposed to second-hand smoke at home or elsewhere?

Do you use smokeless tobacco?  n  y