ALLERGY & ASTHMA AFFILIATES SRINAGESH PALUVOI, M.D.

Diplomate, American Board of Allergy and Immunology

PATIENT REGISTRATION (PLEASE PRINT CLEARLY)

NAME: First Middle Date of birth Social Security HOME: Address City apt# State Zip Code Occupation: Martial Status SEX Home phone Cell phone Employer: Address Work phone Parent or Spouse Name: Parent or Spouse Employer E-Mail Parent or Spouse Address Spouse or Parent Work phone Emergency Contact: Relationship: Home Phone Work Phone **Emergency Contact Address** Referring Physician: Address Telephone Primary Care Physican Address Telephone BILLING AND INSURANCE INFORMATION Primary Insurance Company Name: ID or Policy Number Group Number Insurance Company Address: Subscriber's Social Security # Date Effective Subscriber's Name Sex Home Phone Relationship to Patient Subscriber's Address Work Phone Subscriber's Date of Birth MY INSURANCE DOES OR DOES NOT REQUIRE AN REFERRAL for allergy treatment i.e office visit, serum, allergy shots, other outpatient procedures. PLEASE CIRCLE Note: if neither is circled, we will assume NO referral is required Individual Responsible for bill Relationship to Patient Full Name: Home Address State WE ONLY FILE SECONDARY INSURANCE FOR MEDICARE PATIENTS Secondary Insurance Company Name: ID or Policy Number Group/ Code Insurance Company Address: Subscriber's Social Security Date of Effective Subscriber's Name Home Phone Relationship to Patient Subscriber's Address Work Phone Subscriber's Date of Birth PATIENT'S AUTHORIZATION , hereby authorize Allergy and Asthma Affiliates Inc., to apply for benefits on my behalf for covered services rendered. I request payment by (name of Ins. Co.) be made directly to Allergy and Asthma Affiliates Inc. (or in the care of Medicare Part B benefits, to myself or the party who accepts assignment.) I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related claim, to the above-named billing agent, (or in the case of Medicare Part B benefits, to the Social Security Adminstration and Health Care Financing Administration) and/ or the insurance company named above. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or the above-named carrier at any time in writing. I authorize the release of any medical or other information necessary to process my insurance claim(s). I understand that as a patient or the responsible party for a patient, I am ulitmately responsible for payment of my bill. I also take full responsibility for obtaining a valid referral, and agree to be responsible for the cost of collection efforts including reasonable attorney's fees. Our policy is that payment is to be made at the time services are rendered. Whether or not your insurance company pays in full, a portion, or no portion of your medical bills is a matter between you and your insurance carrier. Unless other arrangements have been made, any unpaid balances are due within 30 days of treatment. Payment is accepted in the form of cash, check, credit card, or money order. Date Signature of Subsciber or Beneficiary The above information is still valid:

ALLERGY & ASTHMA AFFLIATES, INC. SRINAGESH PALLYOI, M.D. DIPLOMATE, AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

Please check off as many answers as apply to your (your child's) history. Not all of these questions will be related to your chief concerns or symptoms, nevertheless, they are questions which are part of your complete allergy, asthma or immunology history. As you fill out the form, do not wony about going into detail about about about areas as the doctor will review these answers in detail during your visit. Even if your major concern in very specific, (such as insect allergy) please complete all areas. Thank you in advance for helping to obtain a thorough and accurate history!

CHIEF SYMPTOM:	DATE SYMPTOMS APPEARED / /
Primary problems are worse: Spring Summer Fall Winter	
DAILyear	£-
☐ In the day ☐ at night ☐ No difference	•
□Work days □Days off from work	
School days Weekends	
Changes of weather or season After a cold	
☐ After being outside ☐ Wind	
Upon exposure to irritants	
(smoke, cologne, perfume)	i.
☐ After eating any food ☐ After eating	. •
□ Anies zachgg. □ In moldy, musty areas	
Upon lying down	
□Driving in a car □ After flying	
☐ After drinking alcohol	
When angry, sad or upset	
□ After exercise □ After sun exposure	
After taking medicines such as:	
Main symptoms are improved with: Infancy:	
Air conditioning Normal Clarect Tracks Clarect	Sim Problems: I (soy child) has had, or has: []Eczena it started at age.
LITAYO OF VACABOO AWAY from home Absorber Filescond Table	ery Hives hothopes Now
Medication	Contact dermatitis Poison Ivy
	Pecriasis
Other Formula fed with	Sebonheic dematitis Athletes foot or fungal infections Nove
Colicky infinity	Bath soap we use is
	Shampoo I use is
	Laundry detergent we use is
Eve Symptoms:	Dryer sheet type fabric softeners are used.
	Gastrointestimal:
□Itching □Redness □Discharge Respiratory mucous membranes:	Hearthum, belching, burping, acid reflux
	Nausea
☐Hesdaches ☐Migraines ☐Sinus infections ☐Ear infections ☐Number of courses of antibiotics per year is	Vomiting
	Abdominal pain
The state of the s	Constipation
	Malabsorption
Congestion DAM DPM DBoth	□Imtable bowel
Sneezing Ultchy nose	Croimn's disease
Rubbing of the nose (nasal Salute) DiNose bleeds	Ulcerative colitis
	· ·
Altehing of the roof of the mouth	
Electing of the roof of the mouth	
Ditching of the roof of the mouth	
Oltching of the roof of the mouth	
Oltching of the roof of the mouth	
Ditching of the roof of the mouth	
Ditching of the roof of the mouth	Insect Stine Reactions
Eltching of the roof of the mouth	Issect Stime Reactions [If have only had local reactions at the site of the sing.
Ditching of the roof of the mouth	Insect Stine Reactions Lihave only had local reactions at the site of the sing Li (my child) has had difficulty breathing or swallowing
Ditching of the roof of the mouth	Issect Stine Reactions [If have only had local reactions at the site of the sing. [If (my child) has had difficulty breathing or swallowing hives, itching, or reactions at a spot other than where the sing occurred.
Electring of the roof of the mouth	Issect Sting Reactions [If have only had local reactions at the site of the sing. [If (my child) has had difficulty breathing or swallowing hives, itching, or reactions at a spot other than where the sing occurred. [If (my child) have (has) an EPI-PEN or ANA-KIT
Exercise is limited by muscle fatigue (legs tire first) Exercise is limited by muscle fatigue (legs tire first) Exercise is limited by muscle fatigue (legs tire first) Exercise is limited by muscle fatigue (legs tire first) Exercise y cond wists for breathing problems	Issect Stine Reactions [If have only had local reactions at the site of the sing [If (my child) has had difficulty breathing or swallowing hives, itching, or reactions at a spot other than where the sting occurred.

FAMILY MEDICAL F	USIUKI:-		
	MOTHER FATHER SIBLINGS	CHILDREN DPatie	nt was adopted and family history
ASTEMA			is not available.
ALLERGY FOOD ALLERGY		—— <u> </u>	m was adopted. I am aware of
DRUG ALLERGY		a family	history of
INSECT ALLERGY			
RECURRENT INFECTION			
Other significant family	hîstory:		
			· · · · · · · · · · · · · · · · · · ·
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			Example 1
SOCIAL AND ENVIRO	MENTAL HISTORY: Plea	se answer these points as they po	retain to the nations
SOCIAL AND DIVING		N CONTRACTOR STATES OF STATES AND	THE PROPERTY.
Majo residence is	Patient's home has	Patient's bedroom has	Patient's lifestyle includes
Single family home	Central gas forced air (vents)	Wall to wall carpet	Cigarette smoker sk/day
☐ Townhouse	Central electric forced air	Ceiling fan	☐Alcohol ☐mild ☐moderate
☐ Apertment	Central electric and gas	Dog esters bedroom	Diesvy Dage
Condominium	Oil fired hot water heating	Dog sleeps on the bed	Home day caredays/week
☐Trailer	Baseboard heat	Cat enters bedroom	Commercial day cared/wk
College dormitory	Radiator heat Mostly wall to wall carnet	Cat sleeps on the bed	Animal at day care
□In a woody area	☐ Mostly area rugs	Floor fee	☐Preschool days/week
☐in a sunny piace ☐in a low lying damp area	□ Dog	☐Area rug only ☐HEPA filter	Animals in preschool [Elementary school grade
☐New (1-5 years old)		Cool mist humidifier	Middle school grade
S-10 years old	Birds	Other humidifier	High school grade
☐ 10-20 years old	Hamsters	Stuffed toys Can the bed	☐College ☐Fr ☐So ☐Jn ☐Se
Over 20 years old	☐Gerbîls	Live potted plants	□Work □Full time □Part time
Parient has lived in home	∐Mice	☐Window A/C unit	What kind of work do you do
for years.	☐ Cockrosches	Regular mattress	
☐ Home had previous	Plents (live potted)	Water bod	☐ Work environment has toxins,
OWDETS.	Salt water aquarium Smoker other than patient	Futon	chemicals, hazards, dusts (organic
Previous owners had	LISTORICE CUDA UNUI DIEDERE		
Talant lane	[[Decorles nest control (extension)]	Feather pillow	or morganic)
☐dog☐cat	☐Regular pest control (exterminator)	Down comforter	☐ Work servironment is dean
In an orban area	Regular pest control (exterminator) Central electrogratic air filter	☐ Down comforter ☐ Allergen proof (vinyi/plastic)	☐ Work suvironment is dean ☐ There are smokers at work
□ in an orten area □ in a suburben area	Regular pest control (exterminator) Central electrostatic air filter Central electronic air filter	Down comforter Allergen proof (vinyl/plastic) mattress exclusions	☐ Work suvironment is clean ☐ There are anothers at work ☐ There are anomals at work
In an orban area	☐ Regular pest control (exterminator) ☐ Central electrostatic air filter ☐ Central electronic air filter ☐ Pitter is changed regularly	Down comforter Allergen proof (vinyl/plastic) mattress encasings Allergen proof pillow encasing	Work suvironment is clean There are smokers at work There are animals at work There are opokroaches at work
□ in an orten area □ in a suburben area	Regular pest control (exterminator) Central electrostatic air filter Central electronic air filter	Down comforter Allergen proof (vinyl/plastic) mattress notesings Allergen proof pillow encasin Brunk beds	☐ Work suvironment is clean ☐ There are smokers at work ☐ There are eminals at work gas ☐ There are cockroaches at work or at school.
☐ in an urban area ☐ in a suburban area ☐ in a rural area	☐ Regular pest control (exterminator) ☐ Central electrostatic air filter ☐ Central electronic air filter ☐ Pitter is changed regularly ☐ Pitter is washed regularly ☐ Barn with ☐ horses ☐ ☐ Leather soft ☐ Non-leather furniture	Down comforter Allergen proof (vinyl/plastic) mattress encasings Allergen proof pillow encasing	☐ Work suvironment is deen ☐ There are smokers at work ☐ There are enimals at work ☐ There are cookroaches at work or at school. ☐ Windows do not open at work
☐ In an orban area ☐ In a suburben area ☐ In a cural area I often visit with friends or family who: ☐ Smoke	☐ Regular pest control (exterminator) ☐ Central electrostatic air filter ☐ Central electronic air filter ☐ Filter is changed regularly ☐ Filter is washed regularly ☐ Barn with ☐ horses ☐ ☐ Leather soft ☐ Non-leather firmiture ☐ Fireplace ☐ Wood stove	Down comforter Allergen proof (vinyl/plastic) mattress encasings Allergen proof pillow encasin Brunk beds Parients sleeps on	☐ Work suvironment is clean ☐ There are amokers at work ☐ There are enimals at work ges ☐ There are cockrosches at work or at school. ☐ Windows do not open at work ☐ Regular exercise ☐ Very sedemary lifestyle
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☐ In an orban area ☐ In a suburben area ☐ In a cural area ☐ In a cural area ☐ Often visit with friends or family who: ☐ Stroke ☐ Have a cat ☐ Have a dog ☐ Symptoms are worse after visiting.	☐ Regular pest control (exterminator) ☐ Central electrostatic air filter ☐ Central electronic air filter ☐ Filter is changed regularly ☐ Filter is washed regularly ☐ Barn with ☐ horses ☐ ☐ Leather soft ☐ Non-leather firmiture ☐ Fireplace ☐ Wood stove	Down comforter Allergen proof (vinyl/plastic) mattress encasings Allergen proof pillow encasin Blunk beds Parieurs sleeps on top bank bottom bank	☐ Work suvironment is deen ☐ There are smokers at work ☐ There are enimals at work ger ☐ There are cockrosches at work or at school. ☐ Windows do not open at work ☐ Regular exercise ☐ Very sedentary lifestyle ☐ High risk practices for AIDS ☐ Hobby is
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	10010	LLERGY EVALUATIC ND TREATMENTS:
Patient does not have any food allergy		n bad allergy skin testsarrwas
or mid-rance	☐ Patica	nt had RAST (blood) tests for allergy
Patient has had allergic or adverse reactions to:	1	☐Patient had allergy shots for ☐ ☐ ☐ months ☐ years ☐ Shots helped ☐ ☐ Shots did not help
□ Milk		Shots helped Shots did not help thad a systemic or serious reaction to an allergy shot or skin test
□Eggs □Wheat	I Paties	n would like to receive shots Dagain Ditor the first time
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PEANUT	SEVER	ERICURBENT OR CHRONIC INFECTIONS:
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☐ Tomato	L Kecm	rest ear infactions from age ubes have been placed. If yes, how many times
☐ Soybean	l lime	nos take nost brass. It les' now want mass
□Fria.	ПОт	nic or frequent sinus infections occur. CICAT scen of sinuses was done
☐Shellfish ☐Beneza or avocade or knwi or peach	☐Mean	with a second se
Other	□Heped	itis or 🗆 🗆 Mono.
Sulfitz preservatives MSG (Chinese restaurant syndro	one) Chron	ic districts or insestinal parasites
Patient has had life threatening reactions to:	4. .	Low antibody or gammaglobalia levels have been found
		sses of the skin or internal organs
· · · · · · · · · · · · · · · · · · ·		ion of the bones or joints
Patient has an EPI-PEN or ANA-KIT		risina high risk group for AIDS
la de la viva de la viv	Limber	s has received gammaglobulin
PAST MEDICAL AND SURGICAL HISTORY:		
Parient has no other active medical problem.	Patiez	t has not had any surgeries.
Pratient has had or has other medical problems	□Aden	ids were removed at age Toosils removed at age
including:	☐ Apper	dix removed at age Gall bladder out at age .
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High blood pressure		EMBCIA
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