



**Wolff Allergy & Asthma**

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**MEDICAL HISTORY**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

**DIRECTIONS:** Place an “X” on the conditions you have. Place an “X” on the medications you are taking.  
Cardiovascular (Heart)



- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Lisinopril/Enalapril (ACE inhibitor)            |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Aspirin               | <input type="checkbox"/> Propranolol/Metoprolol Labetalol (Beta Blocker) |

Respiratory (Lungs)



- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma                                  | <input type="checkbox"/> Bronchiectasis           | <input type="checkbox"/> Rescue Inhaler (albuterol)                  |
| <input type="checkbox"/> Chronic Obstructive Lung Disease (COPD) | <input type="checkbox"/> Restrictive Lung Disease | <input type="checkbox"/> Controller Inhaler<br>Write the name: _____ |

Gasterenterology (Stomach)



- |   |  |  |
|---|--|--|
| <input type="checkbox"/> GERD (Reflux)                  | <input type="checkbox"/> Food gets stuck in throat | <input type="checkbox"/> Omeprazole (Prilosec) |
| <input type="checkbox"/> Eosinophilic Esophagitis (EoE) | <input type="checkbox"/> Famotidine (Pepcid)       | <input type="checkbox"/> Esomeprazole (Nexium) |

Nose



- |   |   |
|---|---|
| <input type="checkbox"/> Sinusitis        | <input type="checkbox"/> Zyrtec, Allegra, Claritin, Xyzal       |
| <input type="checkbox"/> Sinus infections | <input type="checkbox"/> Flonase/Rhinocort/Nasacort nasal spray |

Ocular (Eye)



- |  |
|--|
| <input type="checkbox"/> Glaucoma                    |
| <input type="checkbox"/> Conjunctivitis (Itchy eyes) |
| <input type="checkbox"/> Dry Eyes                    |

Skin



- |   |
|---|
| <input type="checkbox"/> Atopic Dermatitis (Eczema)               |
| <input type="checkbox"/> Hives                                    |
| <input type="checkbox"/> Swelling of lips/tongue/any part of body |