

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

FAMILY DOCTOR \_\_\_\_\_

WHO REFERRED YOU TO DR TSAI? \_\_\_\_\_

NEXT OF KIN (EMERGENCY CONTACT) \_\_\_\_\_

TEL \_\_\_\_\_

REASON FOR TODAY'S VISIT:  
\_\_\_\_\_  
\_\_\_\_\_

PAST MEDICAL HISTORY (PLEASE LIST OTHER MEDICAL PROBLEMS) \_\_\_\_\_

SMOKER: How many years? \_\_\_\_\_ How many packs per day? \_\_\_\_\_

NON-SMOKER: \_\_\_\_\_

EX-SMOKER : When did you quit? \_\_\_\_\_ How many years did you smoke: \_\_\_\_\_  
How many packs per day? \_\_\_\_\_

CURRENT MEDICATIONS (INCLUDE VITAMINS, OVER THE COUNTER, HERBALS) \_\_\_\_\_

FAMILY HISTORY (DOES YOUR FAMILY ASTHMA, ALLERGIES OR ECZEMA?):  
\_\_\_\_\_  
\_\_\_\_\_

ENVIRONMENTAL HISTORY

House/Apt: Age of home: \_\_\_\_\_ How long have you lived there?: \_\_\_\_\_

Heating: Gas \_\_\_ Electric \_\_\_ Oil \_\_\_ Hot Water \_\_\_ Wood Stove \_\_\_ Other \_\_\_

Air Conditioning: Central \_\_\_ Window \_\_\_ None \_\_\_

Pets: Dog \_\_\_ Cat \_\_\_ Other : \_\_\_\_\_

Air Filters: Hepa \_\_\_ Electronic \_\_\_ Other: \_\_\_\_\_

Bedroom Flooring: Hardwood \_\_\_ Carpet \_\_\_ Area Rug \_\_\_ Tile \_\_\_

How many people at home: \_\_\_\_\_ Smokers (how many?): \_\_\_\_\_

Problems with Mold or Mildew (where in home?): \_\_\_\_\_

MEDICATION COVERAGE:

Which of the following applies to you for medication coverage:

\_\_\_ Ontario Disability Benefit program (ODB)

\_\_\_ Trillium Drug Program

\_\_\_ Private insurance (ie SunLife, Great West Etc)

\_\_\_ None

I give Kingston Allergy and Asthma permission to leave a detailed message regarding blood work results/appointment information: \_\_\_ Yes \_\_\_ No

Signature: \_\_\_\_\_