

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE <b>ALLERGY/IMMUNOLOGY ENCOUNTER RECORD (New Patient)</b>	OTSG APPROVED (Date)
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1. Problem, complaint or reason for this visit (Include procedures.)	1a. Code																
	<table border="1" style="width:100%"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
Is this an injury-related visit? <input type="checkbox"/> Yes <input type="checkbox"/> No																	

2. Impressions

3. Recommendations

4. Comments

Records:  KACC  Other: \_\_\_\_\_  
 Appointment  Walk-in  Consult  Complete exam

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL       FLOW CHART
- OTHER EXAMINATION OR EVALUATION       OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

**ALLERGY/IMMUNOLOGY ENCOUNTER RECORD (New Patient) - Continued**

5. Chief complaint

6. History of present illness

7. Past medical history

8. Exacerbating factors

9. Family history

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Pollens   | <input type="checkbox"/> Smoke         |
| <input type="checkbox"/> Molds     | <input type="checkbox"/> Air pollution |
| <input type="checkbox"/> Danders   | <input type="checkbox"/> Exercise      |
| <input type="checkbox"/> Dust      | <input type="checkbox"/> Cold          |
| <input type="checkbox"/> Weather   | <input type="checkbox"/> Emotions      |
| <input type="checkbox"/> Infection |  |

**ALLERGY/IMMUNOLOGY ENCOUNTER RECORD (New Patient) - Continued**

10. Environment

a. Occupational environment:

b. Food allergies:

c. Drug allergies:

d. Insect allergies:

e. Contact sensitivity:

f. Current medications:

g. Hobbies:

h. Review of systems:

i. Lab data:

j. Chest x-ray:

k. Sinus x-ray:

l. PFTS:

Pre-bronchodilator

Post-bronchodilator

FVC:

FEV 1:

FEV 1%:

PF:

MMEF:

11. Physical Examination

a. Vital signs:

Height:

Weight:

BP:

Pulse:

Resp:

Pain (0-10):

b. General appearance:

c. Skin:

d. Eyes:

e. Ears:

f. Nose:

g. Oropharynx:

h. Chest and lungs:

i. Heart:

j. Abdomen:

k. Extremities:

l. Special:

