Tri-Valley Health System – Medical Clinics Arapahoe Clinic Cambridge Clinic Indianol

Name	Arapahoe Clinic 308-962-8495	Cambridge Clinic 308-697-3317	308-364-9290		
_	se help us by marking different				
7 700		ew of Symptoms:	arnor irr your daily douvidoo.		
	gument/skin neral symptoms	• Respira	Respiratory system -General symptoms Pain Fever Sore throat Frequent colds		
-	Urticaria/hives Angioedema/swollen airway-0 Eczema/dry skin	P SI tract F S			
- - -	Eyes Ears Throat Roof of mouth Between shoulder blades	E W N -Sneezir	pistaxis/nose bleed Veight loss light sweats		
-Ger - -	trointestinal system heral symptoms Appetite good, poor, or select Nausea and/or vomiting Re-tasting of foods Belching	P U A D S	Perennial/throughout the year lpon arising the meals lfter meals		
- - -	 Bloating Globus hystericus/lump in thromatic Halitosis/bad breathe Stomatitis/inflammation of the mucosa Glossitis/inflammation of the total 	oral P Ongue Nacel	Geasonal or perennial Productive or non-productive Color of expectorant if present Wheezing present or absent Time of day		
-Bow - - - - -	 Dysphagia/difficulty swallowing velocitions Diarrhea with mucous Stinging after defecation Pruritis ani/itching of anus Constipation Irritable bowel syndrome Colitis Spastic colon Crohn's disease 	9 It D - - - -Nasal o A D	ching Drainage Seasonal or perennial Watery and clear Ropy and cloudy Purulent Obstruction Liternating or constant Oay or night Liter meals		
	rological system neral symptoms Headache Tinnitus Insomnia Vertigo	S	Seasonal Vith change in temperature		

Past Medical History:

•	In-utero/before birth (if known) Activity Hiccoughs	 Medications taken for the condition -What has helped? -What has not helped? -How long were the
•	History during infancy Nursed or bottle fed If bottle fed, what formula Colic	Medications taken? • Current medications
	Always "fussy" Never happy Poor sleeper Eczema/Urticaria/hives	
	 Chronic ear infections Frequent "colds" Behavioral problems Hyperactivity Was sick but "grew out of it" 	 Personal living accommodations Age of home Location Trailer, concrete slab, or basement
•	Prior surgery Abdominal Nasal Sinus Other	 Basement living area Moisture problem Prior history of fire or water damage Symptoms worse in a Specific room
		 Effect of specific contacts Pillows – feather or foam Mattress
•	Family history Asthma Angioedema/swollen airway-GI tract Allergy	 Carpet Cosmetics, colognes, soaps Detergents, fabric softeners Occupation – exposure to Grains, hay, feeds Exposure to pets, lab animals or farm animals Dietary changes
	SiblingsAunts, uncles, cousins	Bug bites/ stings Latex Exercise tolerance
•	Social history Tobacco use Any smokers in home Alcohol use Recent remodeling Occupation	Daily newspaper exposure Allergies
	Occupation	 Previous allergy testing When Where

Tri-Valley Health System – Medical Clinics

Arapahoe Clinic

Cambridge Clinic 308-697-3317

Indianola Clinic 308-364-9290

Name _	300-902-0493 300-097-3317			
	sting Provider			
Chief C	Complaint			
	Analysis and Course of Chie	f Comp	laint	
Specifi	c factors that increase symptoms:			
[Dusting and sweeping			
/	Aggravation in a specific pollen season			
/	Aggravation on windy days			
\$	Symptoms within 30 minutes of going to bed			
9	Symptoms changed (for better or worse) out of usua	al geograp	ohic residence	Э
\	Worse indoors			
\	Worse outdoors 7-11 A.M.			
\	Worse outdoors 5:30-8:30 P.M.			
I	tching eyes			
/	Air conditioning helps			
5	Symptoms recur in cold weather			
1	Nasal symptoms but little or no eye itching			
F	Peak symptoms in summer but occur perennially			
(Cool evening air increases symptoms			
\	Worse in low-lying damp places			
\	Worse around wood burning fireplaces			
\	Worse when mowing lawn or playing on grass			
9	Symptoms increase mid July to November			
[Distinctly worse September to first frost			
\	Worse during Christmas holiday season if live tree o	or garland	used	
F	Flares within one hour of lunch or dinner			
/	Attacks most afternoons around 4:30 P.M.			

__ Awakens between 1-5 A.M. with an acute attack