



**FOR AGES  
3 & Younger**

***Follow-Up***

Date: \_\_\_\_\_ Patient \_\_\_\_\_

**How have the patient's symptoms been since the last visit?**

**1. New Problems Since Last Visit:**

- Hospitalizations: ..... Yes or No
- ER Visits ..... Yes or No
- Surgeries: ..... Yes or No
- Other Consults: ..... Yes or No
- Urgent visits for allergy/breathing difficulty ..... Yes or No
- Courses of oral corticosteroid: ..... Yes or No
- Exercise difficulty ..... Yes or No
- New Medications ..... Yes or No
- Visits to PCP or other providers ..... Yes or No
- Food reactions ..... Yes or No

**2. Current Status**

- Exercise cough/difficulty ..... Yes or No
- Morning cough ..... Yes or No
- Night-time cough or wheeze ..... Yes or No
- Bronchodilator usage, how often ..... \_\_\_\_\_
- Nasal symptoms ..... Yes or No
- Skin Symptoms ..... Yes or No
- Ocular Symptoms ..... Yes or No

**3. ENVIRONMENTAL HISTORY (UPDATED): Please list any changes.**

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**4. PAST MEDICAL AND FAMILY HISTORY (UPDATES): Please list any changes OR new medical diagnoses.**

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