Pediatrics Northwest, P.S.

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

2. **Current Status**
   - Exercise cough/difficulty ..... Yes or No Select
   - Morning cough ..... Yes or No Select
   - Night-time cough or wheeze ..... Yes or No Select
   - Bronchodilator usage, how often ..... _____
   - Nasal symptoms ..... Yes or No Select
   - Skin Symptoms ..... Yes or No Select
   - Ocular Symptoms ..... Yes or No Select

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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