

**TO PRIVATE PHYSICIANS:**

Please type or print in completing this form. If there are any questions, please call our clinic at (202) 225-5421 for assistance.

NAME: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
                            DAY                            MONTH                            YEAR

DRUG ALLERGIES: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(INDICATE TYPE 3. \_\_\_\_\_ 4. \_\_\_\_\_  
OF REACTION) 5. \_\_\_\_\_ 6. \_\_\_\_\_

**ACTIVE MEDICAL PROBLEMS**

(e.g. allergic rhinitis, asthma, hypertension, dermatographism, urticaria, pregnancy, etc.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**CURRENT MEDICATIONS, DOSAGES, FREQUENCY OF USE**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

BASELINE BLOOD PRESSURE: \_\_\_\_\_ PULSE: \_\_\_\_\_  
SIGNIFICANT POSITIVE PHYSICAL FINDINGS: (E.G. HEART MURMUR, etc.)

**\*\* Patients currently taking Beta Blocker drugs may not receive allergy injections in our clinic.**