

The Adult and Child Allergy - Asthma Medical Clinic. Inc.  
330 S. Garfield Ave., Suite #116, Alhambra, CA, 91801  
1850 S. Azusa Ave., Suite #206, Hacienda Heights, CA, 91745

Phone: 626.284.3400 Fax: 626.284.3434  
Phone: 626.810.5450 Fax: 626.810.0391

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

姓名: \_\_\_\_\_

年齡: \_\_\_\_\_

出生日期: \_\_\_\_\_

**Major Problem for Visit (Circle YES or NO)**

**就醫主要原因 (請圈出是或否)**

- |                       |  |
|-----------------------|--|
| Nose Problems         | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 鼻子問題                  | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Chest Problems        | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 胸部問題                  | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Skin Problems         | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 皮膚問題                  | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Ear Problems          | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 耳朵問題                  | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Eye Problems          | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 眼睛問題                  | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Other Problems: _____ |  |
| 其他問題: _____           |  |

**Allergies to Drugs?**

**對藥物過敏?**

Name of Drug(s): \_\_\_\_\_

Reaction(s): \_\_\_\_\_

藥名: \_\_\_\_\_

反應: \_\_\_\_\_

**Symptoms**

**(Circle YES or NO)**

症狀

(請圈出是或否)

**Chest**

**胸部**

- |                          |  |
|--------------------------|--|
| Chronic cough            | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 慢性咳嗽                     | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Cough with mucus         | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 咳嗽帶痰                     | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Wheezing                 | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 哮喘                       | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Shortness of breath      | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 呼吸短促                     | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Chest tightness          | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 胸部緊迫感                    | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Frequent infections      | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 頻繁感染                     | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |
| Previous use of inhalers | <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| 先前使用了口服噴霧劑               | <input type="checkbox"/> 是 / <input type="checkbox"/> 否    |

Frequency of symptoms (Please circle)

症狀頻率 (請圈出)

Daily, Weekly, Monthly, Seasonal

每天, 每週, 每月, 季節性

How many days of school/work did you or your child

miss in the last six months because of asthma? \_\_\_\_\_

在前六個月中, 您或您的孩子因為哮喘錯過了多少天的學業/工作? \_\_\_\_\_

Have you had any ER or Urgent Care visits?  YES /  NO

您曾進過急診室或接受過急救嗎?  是 /  否

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Have you been hospitalized for asthma?

YES /  NO

您曾因哮喘住院嗎？

是 /  否

When did these problems start?

這些症狀什麼時候開始的？

\_\_\_\_\_

\_\_\_\_\_

## Upper Respiratory Symptoms

### 上呼吸道症狀

Frequent nose congestion

YES /  NO

頻繁鼻子堵塞

是 /  否

Frequent discharge from nose

YES /  NO

頻繁流鼻涕

是 /  否

Post-nasal drip, mucus in throat

YES /  NO

鼻水倒流，喉嚨有痰

是 /  否

Frequent ear problems/infections

YES /  NO

頻繁耳朵問題/感染

是 /  否

Popping or plugging of ears

YES /  NO

爆音或耳朵堵塞

是 /  否

Itchy ears

YES /  NO

耳朵癢

是 /  否

Mouth breathing

YES /  NO

張口呼吸

是 /  否

Frequent sneezing/Itchy nose

YES /  NO

頻繁打噴嚏/鼻子癢

是 /  否

Headaches/Sinus problems

YES /  NO

頭疼/鼻竇問題

是 /  否

Itchy throat /Throat clearing

YES /  NO

喉嚨癢/清嗓

是 /  否

Frequent sore throat

YES /  NO

頻繁喉嚨痛

是 /  否

Diminished sense of smell

YES /  NO

嗅覺減退

是 /  否

Noisy breathing/snoring during sleep

YES /  NO

呼吸作響/睡覺打鼾

是 /  否

Do symptoms affect sleep?

YES /  NO

症狀影響睡眠嗎？

是 /  否

Frequency of symptoms (Please circle)

症狀頻率 (請圈出)

Daily, Weekly, Monthly, Seasonal

每天，每週，每月，季節性

At what age did the nasal problem start?

鼻子問題從什麼年齡開始的？

\_\_\_\_\_

\_\_\_\_\_

## Eyes

### 眼睛

- Redness/itching YES / NO  
發紅/發癢 是/否
- Eye swelling YES / NO  
眼睛腫脹 是/否
- Discharge YES / NO  
分泌物 是/否
- Frequency of symptoms (Please circle)  
症狀頻率 (請圈出)  
Daily, Weekly, Monthly, Seasonal  
每天, 每週, 每月, 季節性
- When did these symptoms starts? \_\_\_\_\_  
這些症狀從什麼時候開始的? \_\_\_\_\_

## Skin

### 皮膚

- Eczema (allergic.skin rash) YES / NO  
濕疹 (過敏性皮疹) 是/否
- a. Only as infant/child YES / NO  
只在嬰幼兒時期 是/否
- b. Now? YES / NO  
現在? 是/否
- Hives, welts YES / NO  
麻疹, 紅腫 是/否
- Swelling of face, lips, tongue YES / NO  
面部、嘴唇、舌頭腫脹 是/否
- Dry skin YES / NO  
皮膚乾 是/否
- Chemical sensitivities YES / NO  
對化學品過敏 是/否
- Frequency of symptoms (Please circle)  
症狀頻率 (請圈出)  
Daily, Weekly, Monthly, Seasonal  
每天, 每週, 每月, 季節性
- When did these problems start? \_\_\_\_\_  
這些症狀從什麼時候開始的? \_\_\_\_\_

## Dietary Symptoms / Food related

### 飲食症狀/食物相關

- Frequent episodes of nausea, vomiting, YES / NO  
頻繁的噁心, 嘔吐, 是/否  
abdominal cramps, bloating, diarrhea.  
腹部絞痛, 腹脹, 腹瀉。
- a. Associated with specific foods?  
b. 與特定飲食有關?  
Please list: \_\_\_\_\_  
請列出: \_\_\_\_\_
- Rash, hives, swelling YES / NO  
皮疹, 麻疹, 腫脹 是/否
- a. Associated with specific foods?  
b. 與特定飲食有關?  
Please list: \_\_\_\_\_  
請列出: \_\_\_\_\_

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Headaches, dizziness \_\_\_\_\_

YES /  NO

頭疼, 頭暈 \_\_\_\_\_

是 /  否

a. Associated with specific foods?

b. 與特定飲食有關?

Please list: \_\_\_\_\_

請列出: \_\_\_\_\_

Any other food related problems? Please list \_\_\_\_\_

任何其他食物相關問題? 請列出 \_\_\_\_\_

## Stinging Insect Allergy

### 針昆蟲過敏

Reactions to bee, hornet, wasp or yellow jacket sting

對蜜蜂、大黃蜂、黃蜂或小黃蜂叮咬的反應

Describe reaction: \_\_\_\_\_

請描述反應: \_\_\_\_\_

## Relationship of Symptoms to Possible Cause

### 症狀與可能原因的關係

Frequency of symptoms (Please circle)

症狀頻率 (請圈出)

All Year, Winter, Spring, Summer, Fall

全年, 冬季, 春季, 夏季, 秋季

Are symptoms worse during (Please circle)

症狀在什麼時候更嚴重 (請圈出)

Day, Night, Same all the time

白天, 晚上, 都一樣

Symptoms made worse by

症狀在什麼時候更嚴重

Wind / Santa Ana Winds

YES /  NO

風/聖塔安娜風

是 /  否

Rain

YES /  NO

雨

是 /  否

Mowing grass / Playing in grass

YES /  NO

割草/草地玩耍

是 /  否

Colds / Flu / Respiratory infection

YES /  NO

感冒/流感/呼吸道感染

是 /  否

Exposure to animals

YES /  NO

接觸動物

是 /  否

Weather change

YES /  NO

天氣變化

是 /  否

Smog / Air pollution

YES /  NO

煙霧/空氣污染

是 /  否

Strong odors

YES /  NO

強烈氣味

是 /  否

Exercise / Running

YES /  NO

運動/跑步

是 /  否

Emotional upset / Tension

YES /  NO

情緒低落/緊張

是 /  否

Laughing / Singing / Talking loudly

YES /  NO

大笑/唱歌/大聲說話

是 /  否

## Family History

### 家族史

Asthma

YES /  NO

- 哮喘 是/否  
Bronchitis YES / NO  
支氣管炎 是/否  
Emphysema / COPD YES / NO  
肺氣腫/COPD 是/否  
Nasal allergy / Hayfever / Sinusitis YES / NO  
鼻過敏/花粉症/鼻竇炎 是/否  
Hives / Lip and face swelling YES / NO  
麻疹/嘴唇面部腫脹 是/否  
Skin allergy / Eczema YES / NO  
皮膚過敏/濕疹 是/否  
Cystic fibrosis YES / NO  
囊胞性纖維症 是/否

### Pets

#### 寵物

- Dogs YES / NO  
狗 是/否  
Cats YES / NO  
貓 是/否  
Rabbits / Guinea pigs / Hamsters YES / NO  
兔子/豚鼠/倉鼠 是/否  
Horses YES / NO  
馬 是/否  
Birds YES / NO  
鳥 是/否  
Other \_\_\_\_\_  
其他 \_\_\_\_\_

### Smoking History

#### 吸煙史

- Have you ever smoked? YES / NO  
您曾經吸煙嗎? 是/否  
Length of time smoked \_\_\_\_\_  
吸煙時間多久 \_\_\_\_\_  
How many packs smoked per day? \_\_\_\_\_  
每天吸多少包? \_\_\_\_\_  
Does anyone smoke at home now? YES / NO  
現在家裡有人吸煙嗎? 是/否

### Treatment

#### 治療

- Previous allergy skin test or allergy blood test YES / NO  
先前皮膚過敏測試或過敏血液測試 是/否  
When \_\_\_\_\_  
何時? \_\_\_\_\_  
By whom \_\_\_\_\_  
何人? \_\_\_\_\_  
Have you ever received allergy shots in the past? YES / NO  
您過去曾接受過敏疫苗注射嗎? 是/否  
For how long? \_\_\_\_\_  
多久? \_\_\_\_\_  
Were they effective? YES / NO  
有效嗎? 是/否

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List all current medications including over the counter,  
請列出當前的藥物，包括非處方藥，  
prescription, vitamins, birth control, etc.  
處方藥，維他命，避孕藥等

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## Occupational Survey

### 職業調查

Type of occupation \_\_\_\_\_

職業類型 \_\_\_\_\_

Exposure to dust / smoke / fumes / chemicals  YES /  NO

接觸灰塵/煙霧/煙氣/化學品  是/ 否

Do you work outside?  YES /  NO

您在室外工作嗎？  是/ 否

Do you work shifts?  YES /  NO

您輪班嗎？  是/ 否

Do allergies bother you at work?  YES /  NO

過敏症干擾您的工作嗎？  是/ 否

Are symptoms worse at work than at home?  YES /  NO

工作時症狀比家裡嚴重嗎？  是/ 否

Are symptoms worse at school than at home?  YES /  NO

學校時症狀比家裡嚴重嗎？  是/ 否

If you go on vacation, do your symptoms improve?  YES /  NO

如果度假，症狀會改善嗎？  是/ 否

## Environmental Survey

### 環境調查

Home (House, Town house, Apartment)

家 ( 獨棟住宅, 聯排住宅, 公寓 )

How long have you lived here? \_\_\_\_\_

您在這裡住了多久? \_\_\_\_\_

Are symptoms worse here than at previous home?  YES /  NO

在這裡的症狀比之前家裡更嚴重嗎?  是 /  否

Do you live close to freeway, busy street, or railroad tracks?  YES /  NO

您曾經在高速公路, 繁忙街道或鐵軌附近居住嗎?  是 /  否

Central air conditioning  YES /  NO  
中央空調  是 /  否

Wall unit air conditioning  YES /  NO  
壁掛空調  是 /  否

Swamp cooler  YES /  NO  
濕熱冷卻器  是 /  否

Flooring (Please circle)  
地板 ( 請圈出 )

Carpet, area rugs, hardwood  
地毯, 小地毯, 硬木

Humidifier  YES /  NO  
加濕器  是 /  否

Air cleaner  YES /  NO  
空氣淨化器  是 /  否

Ongoing construction / Painting  YES /  NO  
持續施工 / 塗裝  是 /  否

Water damage / Roof leaks  YES /  NO  
水漬 / 屋頂漏水  是 /  否

Bedroom

臥室

Window treatments (Please circle)  
窗戶處理 ( 請圈出 )

Drapes, blinds, shutters  
窗簾, 百葉窗(活動式), 百葉窗(固定式)

Windows open when sleeping?  YES /  NO  
睡覺時開窗?  是 /  否

Pets in bedroom?  YES /  NO  
寵物在臥室?  是 /  否

Flooring (Please circle)  
地板 ( 請圈出 )

Carpet, area rugs, hardwood  
地毯, 小地毯, 硬木

Type of bed (Please circle)  
床類型 ( 請圈出 )

Box spring, bunk, platform, futon, canopy  
彈簧床墊, 雙層床, 平臺式, 沙發床, 帶天蓬的床

Type of bedding (Please circle)  
寢具類型 ( 請圈出 )

Down pillow, down comforter, synthetic comforter,  
羽絨枕, 鴨絨被, 合成被,  
Silk comforter  
絲綢被

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## Travel History

### 旅行史

Do your symptoms change when you travel?

YES /  NO

旅行時症狀有變化嗎？

是 /  否

Do your symptoms improve if you leave your home?

YES /  NO

如果您離開家，症狀會改善嗎？

是 /  否

Does air travel worsen symptoms?

YES /  NO

航空旅行會加重症狀嗎？

是 /  否