

DR. PETER (CHING SANG) LEE, M.D., F.R.C.P.C*

CLINICAL IMMUNOLOGY AND ALLERGY, INTERNAL MEDICINE

Date of Visit:

Preferred Name: *(if different from name on CareCard)*

↓ Legal Name *(as it appears on your Care Card for billing)*

Last:

First:

Middle:

Date of Birth:

Health Care #:

Mailing Address:

Legal Sex on CareCard: M F

If you identify outside of your biological sex, please specify:

M to F transgender F to M transgender

Email Address:

Other:

Primary Phone #: *Is this a cell phone?* Yes No
(automated reminder calls will go to this number)

Secondary Phone #: Cell Work Other

Legal Guardian(s): *(if patient is under the age of 19)*

Name: _____ Relation _____ Phone #: _____

Name: _____ Relation _____ Phone #: _____

Referring Physician:

Family Physician:

Main Concerns:

Current Medical Illness: *(Please check off all that apply)*

High Blood Pressure

High Cholesterol

Cancer

Depression

Anxiety

Bipolar Disorder

Hypothyroidism

Sleep Apnea

Deviated Septum

GERD

Asthma

COPD

Eczema

Psoriasis

Diabetes

Other:

Current Medications: *(there is space for VITAMINS and SUPPLEMENTS on other side)*

-----PLEASE COMPLETE QUESTIONS ON THE OTHER SIDE-----

Vitamins and Supplements:

Known Allergies to Medications:

Other Known Allergies: *(this includes food, environmental, insects, contact allergies etc.)*

Family History: *Please indicate which family member(s) it is for each condition checked off. This includes first- and second-degree blood relatives (parents, grandparents, siblings, children, aunts/uncles, cousins).*

Environmental Allergies _____

Food Allergies _____

Drug Allergies _____

Asthma _____

Eczema _____

Diabetes _____

Cancer _____

Heart Disease _____

Other:

Occupation:

Do you have pets at home? If yes, what kind?

If you smoke, how often and how much do you smoke?

Tobacco

Cannabis

If you drink, what is your average alcohol consumption per week:

Have you ever been stung by a wasp or bee before?

If yes, what kind of symptoms did you have?

Yes

No

Surgeries (under general anesthetic) from the past 10 years: