



ROBERT D. COOK, M.D., P.A.
DIPLOMATE AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

4150 NORTH LAMAR • AUSTIN, TX 78756
PH: (512)467-0978 • FX: (512)467-8066
centraltexasallergy.com

Name: _____

Date of Birth: _____

MEDICATIONS

Please list **ALL** current medications

Strength and when taken

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

PLEASE LIST ALL FOOD AND MEDICATION ALLERGIES:

Food or Medication	Reaction (hives, swelling, anaphylaxis, etc)	Approx age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you tried the following medications

Were they effective?

- | | | |
|-------------|----------|----------|
| 1. Claritin | Yes / No | Yes / No |
| 2. Allegra | Yes / No | Yes / No |
| 3. Zyrtec | Yes / No | Yes / No |
| 4. Flonase | Yes / No | Yes / No |
| 5. Nasonex | Yes / No | Yes / No |
| 6. Nasacort | Yes / No | Yes / No |

SURGERIES/HOSPITALIZATIONS

Surgery/hospitalization	Year
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____