



6801 S. Yosemite St., Centennial, CO 80112
 3260 E. 104th Ave., Thornton, CO 80233
 4809 Argonne St., Suite 260, Denver, CO 80249

Office: 303.773.9000
 Toll Free: 877.8IMMUNE
 Fax: 303.770.1449

Email: info@IMMUNOe.com
 Web: www.IMMUNOe.com

IMMUNE HISTORY (Addendum to New Patient History) Name _____

Main reason for this visit: _____

Vaccine History (add year of the vaccine if known)

- DPT (Diphtheria Pertussis Tetanus) or DTaP Dose #1 Year _____
 Dose #2 Year _____
 Dose #3 Year _____
 Dose #4 (DT) Year _____
 Dose #5 (DT) Year _____
- MMR (Mumps Measles Rubella) Dose #1 Year _____
 Dose #2 Year _____
- Hep A (Hepatitis A) Year: _____
- Hep B (Hepatitis B) Year: _____
- Hib (Hemophilus influenza type b) Year _____
- Varicella (chickenpox) Year _____
- MPSV4 (Menactra[®]) Year _____
- PPV Year _____
- HPV (Human Papilloma Virus, Gardasil[®]) Year _____
- TIV (flu inactivated) Year _____
- LAIV (Live Attenuated Influenza Virus) Year _____
- Rotatec (rotavirus) Year _____
- PCV (Prevnar[®]) Year _____

Infection History (add year if known)

- Chickenpox Year _____
- Infectious mono (Epstein Barr Virus) Year _____
- Pertussis (whooping cough) Year _____
- Ear infections about _____ times per year during the years _____
- Sinus infections about _____ times per year during the years _____
- Pneumonia in the years: _____
- Bronchitis in the years: _____
- Strep infections about _____ times per year during the years _____
- Skin infections about _____ times per year during the years _____
- Upper respiratory viral infections (colds) average about _____ times per year
- Gastrointestinal virus infections (stomach viruses) average about _____ times per year
- Cold sores (herpes type 1)
- Genital herpes (herpes type 2)
- Urinary tract infections in the years: _____
- Yeast infections (oral thrush or vaginal) in the years: _____
- Other infections (such as tuberculosis, traveller's diarrhea, Giardia, typhoid, etc.): _____

Antibiotics / Hospitalizations

Average number of antibiotic courses per year: _____

Antibiotics that usually work:

Antibiotics that do not tend to work:

Allergies to antibiotics (and what it caused):

Surgery History (add year if known)

- Tonsilectomy Year _____
 - Adenoidectomy Year _____
 - PE tubes in ears Year _____ Year _____ Year _____
 - Sinus surgeries Year _____ Year _____ Year _____
 - Other surgeries or procedures (include infusions, bone marrow transplants, etc.)
-
-
-

Review of Systems (frequent symptoms)

- | | | | | |
|--------------------------------------|-----------------------------------------------|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Abdominal discomfort | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Fever | <input type="checkbox"/> Night sweats |
| <input type="checkbox"/> Mouth sores | <input type="checkbox"/> Swollen glands | <input type="checkbox"/> Joint pains | | |
| <input type="checkbox"/> Other: | | | | |
-
-

Previous Workups

- No previous workup
 - Year(s) that blood workups were done: _____
Done by: primary care physician allergist/immunologist infectious disease specialist
- If a workup was done, findings were:
- No abnormalities found
 - Low total IgG Low IgG1 Low IgG2 Low IgG3 Low IgG4 Low IgA Low IgM
 - Antibodies did not respond to vaccines
 - White blood cell count low
 - Other:
-
-

Other Comments
