



ENVIRONMENTAL HISTORY FORM

PATIENT'S NAME:: _____ DOB:: _____

1) What type of house do you live in? house condo apartment townhouse other: _____

2) How old is your residence? _____

3) Is there water damage or mildew in your house? Yes No

4) What type of flooring do you have in the family room? _____

5) What type of flooring do you have in the bedroom? _____

6) What type of heating do you have? Gas Electric Oil Kerosene Wood Heat Pump

7) What type of cooling do you have? Central Window Fan Heat Pump

8) What types of animals are located INSIDE your house?

9) What types of animals are located OUTSIDE your house?

10) What animals are located INSIDE the bedroom?

11) Are there roaches in your house? Yes No

12) Is your bed at least 2 feet off the floor? Yes No

13) Do you have plastic or dust mite free covers for the bed? Yes No

14) Do you have plastic or dust mite free covers for the pillows? Yes No

15) Are you exposed to tobacco/smoke in the house? Yes No
 Vape E-cigarette Cigarette Pipe

16) Are you exposed to tobacco/smoke in the car? Yes No
 Vape E-Cigarette Cigarette Pipe

17) What is your job title (adult) OR school grade (child)? _____

18) What are your job requirements? _____

19) How long have you been at your job? _____

20) Do you have a job where you are exposed to fumes, chemicals, or dust? Yes No

21) Do you have any hobbies where you are exposed to fumes, chemicals, or dust? Yes No

22) Do you use a HEPA filter in your home? Yes No

23) Is your home near an interstate or industrial area? Yes No

TOBACCO USE::

SMOKING / VAPING STATUS:: YES NO

START DATE :: _____

QUIT DATE:: _____

TYPE:: _____

PACK/DAY:: _____

YEARS:: _____ PACK YEARS