TANNER CLINIC

COMPASSION • COURTESY • RESPECT

NEW PATIENT INFORMATION FORM

Last Name	First Name	Middle	Nickname
SSN	Birth Date	Sex ☐ M ☐ F	
Street			
City	State	Zip	Marital Status
Home Phone	Work Phone	Mobile Phone	

Please furnish us with as many phone numbers as possible. You doctor may need to contact you for test results. This is also vital in case of an emergency. Thank you!

RESPONSIBLE PARTY (If patient is under 18 years of age)

Last Name	First Name	Middle	Nickname
SSN	Birth Date	Sex ☐ M ☐ F	
Street			
City	State	Zip	Marital Status
Home Phone	Work Phone	Mobile Phone	

SPOUSE

Last Name	First Name	Middle	Nickname
SSN	Birth Date	Sex ☐ M ☐ F	
Street			
City	State	Zip	Marital Status
Home Phone	Work Phone	Mobile Phone	

IN CASE OF EMERGENCY

Name Of Person Or Nearest Relative Not Living With You			Relationship
Home Phone	Mobile Phone	Work Phone	

ROCKY MOUNTAIN ALLERGY • ASTHMA IMMUNOLOGY at Tanner Clinic

2121 North 1700 West
Layton, UT 84041
Ph 801.773.4840

5296 S Commerce St.
Suite 104
Murray, UT 84107
Ph 385.261.2410

Instructions: Please answer the following questions as completely and accurately as possible. The parent should fill out the form for patients under the age of 15.

NEW PATIENT QUESTIONNAIRE

Today's Date _____

Patient's Name _____ DOB _____ Sex: M F

How did you hear about our clinic or who were you referred by? _____

Reason for Allergy visit (briefly describe): _____

_____

A. Please check the conditions that have bothered you in the last 12 months:

Nose:
___ Stuffy
___ Sneezing
___ Itching
___ Draining
___ Bleeding
___ Mouth breathing
___ Snoring
___ Loss of smell
___ Frequent sinus infections

Eyes:
___ Itching
___Burning
___Watering
___ Swelling

Throat:
___ Itching
___ Draining
___ Throat clearing
___ Soreness
___ Hoarseness
___ Loss of Taste

Ears:
___ Itching
___ Popping
___ Draining
___ Ringing
___ Hearing Loss
___ Fluid behind eardrums
___ Frequent ear infections

Respiratory:
___ Cough
___ Wheeze
___ Shortness of Breath
___Tightness
___ Phlegm (mucus)
___ Bronchitis
___ Pneumonia

Gastrointestinal
___ Abdominal pain
___ Vomiting
___ Diarrhea
___ Constipation
___ Poor appetite
___ Poor weight gain
___ Heartburn/acid reflux

Nervous System:
___ Headache
___ Unusual tiredness
___ Irritability

Skin:
___ Hives
___ Itch
___ Swelling

Musculoskeletal:
___ Muscle pains
___ Joint pains

Cardiovascular:
___ Heart racing
___ Chest pain

Constitutional:
___ Fevers

Allergy:
___ Food allergy

Endocrine:
___ Heat/cold intolerance

Other symptoms not listed above:_____

_____

_____

ROCKY MOUNTAIN ALLERGY • ASTHMA IMMUNOLOGY at Tanner Clinic

2121 North 1700 West
Layton, UT 84041
Ph 801.773.4840

5296 S Commerce St.
Suite 104
Murray, UT 84107
Ph 385.261.2410

History of Present Illness:

	Nose/Eye	Chest	Skin
When did these symptoms begin (year)?	_____	_____	_____
Where did these symptoms begin (state)?	_____	_____	_____
When did these symptoms occur last (date)?	_____	_____	_____
What time of day are these symptoms worse?	_____	_____	_____

Underline the month(s) your symptoms occur. Circle the months that are worst.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

B. What medications or treatments have you taken in the past for your allergies and/or asthma?

		Helpful? Yes	No			Helpful? Yes	No
1.	_____	___	___	5.	_____	___	___
2.	_____	___	___	6.	_____	___	___
3.	_____	___	___	7.	_____	___	___
4.	_____	___	___	8.	_____	___	___

C. Please list all your current medications and reasons for taking them:

D. Have you ever been on allergy shots (immunotherapy)? If yes, when, for how long, and to what?

Past Medical History

E. Please list any medication allergies including a description of any reactions:

F. Please list any past or current medical problems not yet mentioned above, including any surgeries:

ROCKY MOUNTAIN ALLERGY • ASTHMA IMMUNOLOGY at Tanner Clinic

2121 North 1700 West
Layton, UT 84041
Ph 801.773.4840

5296 S Commerce St.
Suite 104
Murray, UT 84107
Ph 385.261.2410

G. Please list any medical problems that run in your immediate family:

Relationship (mother, brother, daughter, etc.)

Asthma: _____
Hay Fever or Allergic Rhinitis: _____
Eczema: _____
Immunodeficiency of any type: _____

Any other medical problems in the family:

_____ _____
_____ _____
_____ _____

H. Personal History:

Do you smoke? _____ How many packs per day? _____ How Long have you smoked? _____

Does anyone smoke at home or work? _____

Do you have any pets? If yes, type (cat dog, etc.) and number.

_____

What is your occupation? _____

What is your exercise routine? _____

If the patient is a young child, does he/she attend daycare? _____

Signature _____ Date _____

ROCKY MOUNTAIN
ALLERGY • ASTHMA
IMMUNOLOGY
at Tanner Clinic

2121 North 1700 West—Layton, UT 84041—Phone: (801) 773-4840
5296 South Commerce Drive—Murray, UT 84107—Phone: (385) 261-2410

OUTSIDE FACILITY FORMS/LETTERS POLICY

Any and all outside facility required forms (School Medication Administration, FMLA, DMV, Functional Ability) are to be associated with an office visit and brought to an office visit in order to be completed at no extra charge.

For forms that are brought outside of a scheduled visit, the fees for completion of the forms are as follows:

- FMLA and any related disability forms - $300 per hour (time includes rough draft and finalization).
- School Medication Administration forms - $45 flat fee if not brought to a follow-up appointment in clinic.
- Any other outside facility forms with no appointment - $45 flat fee to complete.

Please be aware that it may take one week, 7 full days, to complete the form(s). Each form must be completed by the patient, to the extent possible, prior to providing form(s) to our clinic. An accurate return fax number or mailing address IS REQUIRED.

If these guidelines are not followed, the form will not be completed.

Thank you for your understanding.

Patient Name (printed)	Date of Birth
Patient Signature of Agreement (if older than 18)	Date
Parent/Guardian Name (printed)	Relationship
Parent/Guardian Signature of Agreement	Date

ROCKY MOUNTAIN
FOOD ALLERGY
TREATMENT CENTER
at Tanner Clinic

2121 N. 1700 W.
Layton, UT 84041
P: 801.773.4840
F: 801.525.8179

5296 S. Commerce Dr., Ste. 104
Murray, UT 84107
P: 801.773.4840
F: 385.261.2404

POLICY NAME: Photographing, Video Recording, Audio Recording, and Other Imaging of Patients, Visitors, and Workforce Members

DATE: October 9, 2018

To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, and any and all other Federal regulations and interpretive guidelines promulgated thereunder, Rocky Mountain Allergy, Asthma, and Immunology at Tanner Clinic must take reasonable steps to protect patients, visitors, and workforce members from unauthorized photography, video or audio recordings, or other images due to the sensitive nature of patient information and to protect patient privacy.

Photographing/Audio Recording of Patients and Workforce Members by Patients, Family Members, and/or by the Patient's Visitors: The facility is not required to obtain consent from the patient when the patient is the subject of the photography/audio recording and such recording is performed by the patient or the patient's family members or the patient's visitors.
Patients, family members, and/or visitors are not permitted to take photographs of, or audio record, or video other patients or workforce members without written consent

I am signing the policy as my voluntary act and deed having read it in its entirety and understanding the contents thereof to my satisfaction, and I acknowledge that it is binding upon me, my legal representatives, heirs, and assigns.

_____	_____
Patient Name	Date of Birth
_____	_____
Name of Legal Representative (if different than above)	Relationship to Patient
_____	_____
Signature of Individual or Legal Representative	Date