Patient Label

Allergy & Immunology Intake Form

Reason For Today's Visit:

Emergency Contact:

Name:	Relationship :
List Contact Phone Number and or Email:	

Who Referred You:	
Family Physician:	

Gender (at birth)	Gender Identity	Preferred Pronouns

Medical Problems	Previous Surgeries
Current Medications	Allergies to Medications

Family History (of asthma, allergies or eczema)?

Environmental History:

House or Apt (circle one)	**Age of Home:**	**Years lived in:**

How many people live at home:	_____
How many are smokers:	_____

Heating (Circle One):

Gas	Electric	Oil/Hot Water	Wood Stove

Air Conditioning (Circle One):

Central Air	Window Unit	None

Pets (including how many of each):

Dog:	Cat:	Small Rodent:	Other: _____

Air Filters:

HEPA	Electric	Other:_____

Flooring (you may circle more than one):

Hardwood	Carpet	Area Rug	Other ((ie. Tile,Laminate, etc): _____

Mold or Mildew at home? (circle one)	Yes	No

Smoking History

Smoker	Yes / No	Packs/day:	Years:
Ex-smoker	Quit in:	Packs/day:	Years:
Vaping	Yes/No	# Times/Day or Week:	Years:
Marijuana	Yes / No	Per week:	Years:

Extended Health Benefits (circle one):

Provincial Public Insurance: ODB/OHIP +, Trillium	Private Insurance (i.e Manulife, Canada Life, etc) List Private Insurance Name: _____	Blue Cross (Military Only)	None

Patient Consent

1. Our clinic uses Heidi, an AI-powered medical scribe, to assist with documenting clinical encounters. Information processed by Heidi is encrypted, kept confidential, and stored securely on Canadian servers in accordance with applicable privacy and security requirements. Heidi does not use patient information to train its AI models.

Do you consent to the use of Heidi AI Scribe during your appointment to assist with clinical documentation?

Yes	No

2. Our clinic does allergy research studies on site. Please indicate whether we can contact you to share information about potential studies. You may withdraw your consent at any time.

Yes	No

3. Our clinic also works closely with the Kingston Allergy Research unit at KGH to help find patients suitable for potential allergy and asthma studies. Please indicate whether we can contact you to share information about potential studies. You may withdraw your consent at any time.

Yes	No

4. I give Kingston Allergy and Asthma permission to leave a detailed message regarding any results and/or appointment information on my voicemail.

Yes	No

5. I give my consent for Kingston Allergy and Asthma to communicate with the person(s) listed below:

Yes	No
Name:	Relationship :
List Contact Phone Number and or Email:	

Name (Print):	
Signature:	
Date:	