













**Do you have pets?** Yes or No

**If Yes only, how many of each?**

- Cats # \_\_\_\_\_
- Dogs # \_\_\_\_\_
- Rabbits # \_\_\_\_\_
- Birds # \_\_\_\_\_
- Guinea pigs # \_\_\_\_\_

**Do you have carpeting in the bedrooms and/or living areas?** Yes or No

**Do you have central heat?** Yes or No

**Do you have central A/C?** Yes or No

**Do you have a central air purifier or an individual bedroom unit?** Yes or No

**History of flooding in home?** Yes or No

**Have you had remodeling done in your home within the past 5 years?** Yes or No

**Have you had your air ducts cleaned out in the past 3 years?** Yes or No

**Thank you for completing this form to help our provider and team better take care of you on your visit to our office.**