THE INSTITUTE FOR FUNCTIONAL MEDICINE®

Environmental Exposure History Form

Patient Name_____ Date_____

Birthdate _____

Please check the best response for each of the following questions. Your provider will discuss your answers with you.

PART 1. EXPOSURE SURVEY	YES	NO
1. Are you currently exposed to any of the following?		
Metals	☐	☐
Dust or fibers	☐	☐
Chemicals	☐	☐
Fumes	☐	☐
Radiation	☐	☐
Biologic elements	☐	☐
Loud noise, vibration, extreme heat or cold	☐	☐
2. Have you been exposed to any of the above in the past?	☐	☐
3. Do any household members have contact with metals, dust, fibers, chemicals, fumes, radiation, or biologic agents?	☐	☐

If you were exposed to any of the items above, describe your exposure in detail—how you were exposed, to what you were exposed. If you need more space, please use a separate sheet of paper.

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4. Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to? If *yes,* list them below. _____ _____ _____	☐	☐
5. Do you get the material on your skin or clothing?	☐	☐
6. Are your work clothes laundered at home?	☐	☐
7. Do you shower at work?	☐	☐
8. Can you smell the chemical or material you are working with?	☐	☐

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EXPOSURE SURVEY (CONTINUED)	YES	NO
9. Do you use protective equipment such as gloves, masks, respirator, or hearing protectors? If *yes,* list the protective equipment used. _____ _____ _____	☐	☐
10. Have you been advised to use protective equipment?	☐	☐
11. Have you been instructed in the use of protective equipment?	☐	☐
12. Do you wash your hands with solvents?	☐	☐
13. Do you smoke at the workplace? At home?	☐ ☐	☐ ☐
14. Are you exposed to secondhand tobacco smoke at the workplace? At home?	☐ ☐	☐ ☐
15. Do you eat at the workplace?	☐	☐
16 Do you know of any co-workers experiencing similar or unusual symptoms?	☐	☐
17. Are family members experiencing similar or unusual symptoms?	☐	☐
18. Has there been a change in the health or behavior of family pets?	☐	☐
19. Do your symptoms seem to be aggravated by a specific activity?	☐	☐
20. Do your symptoms get either worse or better at work? At home? On weekends? On vacation?	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
21. Has anything about your job changed in recent months (such as duties, procedures, overtime)?	☐	☐
22. Do you use any traditional or alternative medicines?	☐	☐

If you answered *yes* to any of the questions, please explain.

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PART 2. WORK HISTORY

A. Occupational profile

Patient Name _____ Date _____

Birthdate _____

The following questions refer to your current or most recent job:

Job Title _____ Type of Industry _____

Name of Employer _____ Date Job Began _____

Are you still working this job? ☐ Yes ☐ No If no, when did this job end? _____

Fill in the table below listing all jobs you have worked including short-term, seasonal, part-time employment, and military service. Begin with your most recent job. Use additional paper if necessary.

Dates of Employment	Job Title and Description of Work	Exposures*	Protective Equipment

*List the chemicals, dusts, fibers, fumes, radiation, biologic agents (i.e., molds or viruses) and physical agents (i.e., extreme heat, cold, vibration, or noise) that you were exposed to at this job.

Have you ever worked at a job or hobby in which you came in contact with any of the following by breathing, touching, or ingesting (swallowing)? If yes, please check the box beside the name.

Acids	☐	Ethylene dibromide	☐	Radiation	☐
Alcohols (industrial)	☐	Ethylene dichloride	☐	Rock dust	☐
Alkalies	☐	Fiberglass	☐	Silica powder	☐
Ammonia	☐	Halothane	☐	Solvents	☐
Arsenic	☐	Isocyanates	☐	Styrene	☐
Asbestos	☐	Ketones	☐	Talc	☐
Benzyne	☐	Lead	☐	TDI or MDI	☐
Beryllium	☐	Mercury	☐	Toluene	☐
Cadmium	☐	Methylene chloride	☐	Trichloroethylene	☐
Carbon tetrachloride	☐	Nickel	☐	Trinitrotoluene	☐
Chlorinated naphthalenes	☐	PBBs	☐	Vinyl Chloride	☐
Chloroform	☐	PCBs	☐	Welding fumes	☐
Chloroprene	☐	Perchloroethylene	☐	X-rays	☐
Chromates	☐	Pesticides	☐	Other (specify):	☐
Coal dust	☐	Phenol	☐	_____	
Dichlorobenzene	☐	Phosgene	☐	_____	

PART 2. WORK HISTORY (CONTINUED)

B. Occupational exposure inventory

1. Have you ever been off work for more than 1 day because of an illness related to work?	☐	☐
2. Have you ever been advised to change jobs or work assignments because of any health problems or injuries?	☐	☐
3. Has your work routine changed recently?	☐	☐
4. Is there poor ventilation in your workplace?	☐	☐

PART 3. ENVIRONMENTAL HISTORY	YES	NO
1. Do you live next to or near an industrial plant, commercial business, dump site, or nonresidential property?	☐	☐
2. Which of the following do you have in your home? ☐ Air conditioner ☐ Air purifier ☐ Central heating (gas or oil) ☐ Gas stove ☐ Electric stove ☐ Fireplace ☐ Wood stove ☐ Humidifier		
3. Have you recently acquired new furniture or carpet, refinished furniture, or remodeled your home?	☐	☐
4. Have you weatherized your home recently?	☐	☐
5. Are pesticides or herbicides (bug or weed killers; flea and tick sprays, collars, powders, or shampoos) used in your home or garden, or on pets?	☐	☐
6. Do you (or any household member) have a hobby or craft?	☐	☐
7. Do you work on your car?	☐	☐
8. Have you ever changed your residence because of a health problem?	☐	☐
9. Does your drinking water come from a private well, city water supply, or grocery store? _____		
10. Approximately what year was your home built? _____		

If you answered *yes* to any of the questions, please explain.

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