MY HOME
MY HEALTH

Name _____
Phone Number _____
Email _____

Address _____

_____

Do you rent or own _____
If you rent please have the owner contact us
How did you hear about us? _____

_____

Physician you are working with _____

House Information

Build Year _____ Duration of Residence _____ Square footage _____
Do you have an attic or crawlspace? If so are they accessible?

_____

_____

Are there any disclosures related to mold or water damage from previous owners? _____

_____

Are there any episodes of water infiltration during your time living here, no matter how minor? Please be specific about when, where, and what was done to remedy. Please attach any documents, inspections, lab reports to email with this form.

_____

_____

Have you completed any remodeling work? _____

_____

_____

What type of flooring does the home have? _____
Please list all flooring types.

_____

_____

HVAC Information

What type of HVAC system do you have? _____
When was the last time the ducts were cleaned? _____
When was the last time the ducts were serviced? _____
Where is the HVAC unit located? _____

Environment Information

Do you have cleaning services? _____

If yes, do they use your equipment or their own? _____

_____

Are there any pets in the home? _____

_____

Health and Symptoms Information

Please list any sensitivities to chemicals and cleaning products _____

_____

_____

_____

_____

Do you feel better outside the home or when traveling? _____

_____

_____

_____

_____

Are there any specific concerns that you would like to share with us? _____

_____

_____

_____

_____