

ALLERGY QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND
BRING IT WITH YOU FOR THE APPOINTMENT.

THIS IS NOT A DOCTOR'S REPORT

NAME:

DATE OF BIRTH:

DATE:

1. IN YOUR OWN WORDS GIVE HISTORY OF THE ALLERGIC PROBLEM: (AGE IT STARTED AND HOW IT PROGRESSED AND CHANGED)

2. WHAT MAKES SYMPTOMS WORSE: (CIRCLE)

- | | | | | |
|----------|-------------|---------------|--------------|-------------------|
| FOOD | DRUGS | DOG | CAT | OTHER ANIMALS |
| DRAFTS | NERVOUSNESS | COSMETICS | PERFUMES | AIR CONDITIONING |
| HUMIDITY | ODORS | EXERCISE | INFECTIONS | CUTTING THE GRASS |
| FATIGUE | DUST | WOOL | INSECTICIDES | INDOORS |
| OUTDOORS | WINTER | SUMMER/SPRING | FALL | OTHER _____ |

3. WHAT MAKES SYMPTOMS BETTER:

4. LIST MEDICATIONS USED: (OBTAIN INFORMATION FROM PHARMACIST OR DOCTOR IF NECESSARY)

5. WERE SKIN TESTS DONE IN THE PAST? YES NO DATE: _____

6. WAS INJECTION THERAPY GIVEN? YES NO DATE: _____

FAMILY HISTORY OF ALLERGY (X appropriate column for each relative who has the allergy)

	ASTHMA	NASAL HAYFEVER	ECZEMA	HIVES	DRUG ALLERGY	MIGRAINE	BEE STING ALLERGY
MOTHER							
FATHER							
SISTERS & BROTHERS							
MOTHER'S SISTERS & BROTHERS							
FATHER'S SISTERS & BROTHERS							
MOTHER'S PARENTS							
FATHER'S PARENTS							

House or Apartment? (circle) Years In home:	Age of Home: Apt. Floor?	Heat: GFA Radiator Air: Central Window	Electronic Air cleaner: Room Central Central Filtration Hepa Vacuum
Humidifier/Vaporizer: Yes/No Room or Central?	Pets in Home? Yes No. If Yes, what?: Basement/Crawl in Home? Condition? Damp/Dry		Plants: Yes No Furniture: Leather Cloth
Any Smokers at Home: Yes No	Pillows- Feather Foam Dust Mite Covers Yes No	MATTRESS YES NO Age _____ Dust Mite Covers: Yes No	Blankets – Wool, Cotton, Synthetic
Carpeting? Wall to Wall or Area? Hardwood Floors?	Stuffed Animals: Yes No	Book Cases in Bedroom? Yes No Open or Closed	Pets in Bedroom? Yes No Plants in Bedroom? Yes No

REFERRING PHYSICIAN:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Were you referred directly to our practice by your Primary Care Physician? Yes No

DATES AND LOCATIONS OF PREVIOUS HOSPITALIZATIONS: