

ALLERGY HISTORY

Date: _____

Patient's Name: _____ Sex: _____ Age: _____

Street _____ Last _____ First _____ City _____ Initial _____ State _____ Zip _____

Home Telephone No. _____ Area Code _____ Number _____ Parent's Name _____ Last _____ First _____ Initial _____

To be filled out by patient Your answers to the following questions will help to determine the cause of your allergy symptoms. It is important to check (✓) each question as accurately as possible.

| | YES | NO | Don't Know |
|------------------------------|-----|----|------------|
| Have trouble with your skin? | | | |
| Eczema | | | |
| Hives | | | |

| | | | |
|------------------------------|--|--|--|
| Have trouble with your ears? | | | |
| Popping | | | |
| Itching | | | |
| Hearing loss | | | |
| Fluid in ears | | | |
| Infection/Pain | | | |

| | | | |
|--------------------------------|--|--|--|
| Have trouble with your throat? | | | |
| Frequently sore/drainage | | | |
| Itching throat/mouth | | | |

| | | | |
|------------------------------|--|--|--|
| Have trouble with your eyes? | | | |
| Redness | | | |
| Itching | | | |
| Tearing | | | |
| Puffiness | | | |

| | | | |
|------------------------------|--|--|--|
| Have trouble with your nose? | | | |
| Clear/colorless discharge | | | |
| Thick/colored discharge | | | |
| Nasal itching/rubbing | | | |
| Constant stuffiness | | | |
| Periodic stuffiness | | | |
| Sniffles | | | |
| Sneezing | | | |
| Mouth breathing or snoring | | | |

| | | | |
|---|--|--|--|
| Have troubles with your chest? | | | |
| Wheezing with colds | | | |
| Wheezing when exposed to dust, pollen, animal, etc. | | | |
| Wheeze/cough/after exercise | | | |
| Cough? | | | |
| What kind? | | | |
| Deep/or productive | | | |
| Loose | | | |
| Constant | | | |
| Dry/tight | | | |
| Daytime | | | |
| Nighttime | | | |

| | | | |
|-----------------------------------|--|--|--|
| Are your symptoms mild? | | | |
| Moderate | | | |
| Severe | | | |
| Present most of the time | | | |
| Present part of the time | | | |
| Present rarely | | | |
| Interfering with your life | | | |
| Preventing many normal activities | | | |

| | YES | NO | Don't Know |
|---|-----|----|------------|
| Which of the following do you think cause your symptoms or make them worse? | | | |
| Indoors | | | |
| Outdoors | | | |
| At home | | | |
| At work | | | |
| Morning | | | |
| Afternoon | | | |
| At night | | | |
| Weather change | | | |
| Wet weather | | | |
| Dry weather | | | |
| Windy day | | | |
| Hot day | | | |
| Cold day | | | |
| Air conditioning | | | |
| In barns | | | |
| Damp areas | | | |
| Hay, circus | | | |
| Mowing lawn | | | |
| Dusty environment | | | |
| High air pollution | | | |
| Animals | | | |
| Cooking odors | | | |
| Smoke | | | |
| Soap powder | | | |
| Insecticides | | | |
| Paint fumes | | | |
| Perfumes | | | |
| Cosmetics | | | |
| Wave sets | | | |
| Newspapers | | | |
| Wool | | | |
| Road dust | | | |
| Milk or milk products | | | |
| Eggs | | | |
| Wheat products | | | |
| Nuts, beans, or seeds | | | |
| Chocolate | | | |
| Fish | | | |
| Meat | | | |
| Fruit | | | |
| Vegetables | | | |
| Alcoholic beverages | | | |
| Cheese, mushrooms | | | |
| Beer | | | |
| Wine | | | |
| Aspirin | | | |
| Chemicals (list): | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Drugs (list): | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

| | YES | NO | Don't Know |
|--|-----|----|------------|
| During what months do you usually have symptoms? | | | |
| All months | | | |
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |

Describe what symptoms bother you most

When did your condition begin?

Do you use medication regularly for nasal symptoms?

What medication?

Does it help?

Do any of your blood relatives have allergies?

Have you ever had skin tests for allergies?

Do you have allergies?

What are you allergic to?

Is there anything else about your problem which you think might be important or unusual?
