

ALLERGY QUESTIONNAIRE

Name _____ PID# _____ DOB _____

Name you like to be called _____ Preferred Pronouns _____

What type of allergy symptoms do you have? Check all that apply. coughing wheezing/shortness of breath
 chest tightness runny nose nasal congestion headaches eye irritation sneezing
 eczema (dry, itchy patches on skin) hives (raised, red, itchy areas on skin) facial swelling fatigue

Symptoms worse in: Spring Summer Fall Winter Year Round

How long have you been receiving allergy immunotherapy? _____

Have you ever had an anaphylactic or other systems reaction (i.e. wheezing/shortness of breath, tightness in chest, dizziness, etc.) to your allergy injection? No Yes If yes, when? _____

Do you have an EpiPen? No Yes

Do you have asthma? No Yes

If yes, when was the last time you had your asthma re-evaluated by a doctor? _____

Besides allergies, do you have any other medical conditions, i.e., anxiety, depression, head trauma, past surgeries, diabetes, ulcer, etc.? No Yes Conditions _____

Please list all of the prescription or over the counter medications and doses (if known) that you take for any reason, on a regular or "as needed" basis. This includes birth control (i.e. pills, IUD, Nexplanon, etc.).

Do you have a family history of allergies? No Yes Mother Father Brother Sister

Have you ever visited the Emergency Room because of your allergies? No Yes

If yes, when was the last visit? _____

Have you been admitted to a hospital because of your allergies? No Yes If yes, when _____

Do you smoke? No Yes If yes, packs per day _____

Are you allergic to any medications? Please list medications you are allergic to and reactions when you take them.

Do you have any food allergies or intolerances? No Yes Please list food and reactions.

Do you have any pets? No Yes If yes, what kind? _____ Here Home

Do you work around chemicals at school or on the job? No Yes

If you have any questions or concerns, please discuss with the Allergy Nurse.

Patient Signature _____

Date _____

Nurse Review _____

Date _____