



# THE ALLERGY CLINIC

Name: \_\_\_\_\_

Male  Female

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

What are your major Allergy concerns on this visit?

Skin:  Itchy  Rashes

Swelling:  Face  Other: \_\_\_\_\_

Nose:  Blocked  Runny  Sneezing  Itchy

Chest:  Cough  Difficulty in Breathing  Noisy Breathing

Eyes:  Itchy  Watery  Pain  Red  Swollen

Throat:  Blocked  Clearing

Abdomen:  Pain  Discomfort  Bloating

Others:

Reaction to medication; which? \_\_\_\_\_

Reaction to foods; which? \_\_\_\_\_

Reaction to stings; which? \_\_\_\_\_

Vomiting

Diarrhea

Are your problems seasonal?

Yes; which season(s)? \_\_\_\_\_

No

How long have you had the problem for?

Days  Weeks  Months  Years

How frequent is the problem?

Daily  Weekly  Monthly  Other; \_\_\_\_\_

Have you ever had an allergy evaluation?

Yes  No

Have you ever been on allergy injections (shots)?

Yes  No

Do you have any other concerns you would like addressed?

Yes  No





Have you ever been diagnosed with any of the following?

- Asthma                       Rhinitis                       Food Allergy  
 Insect Venom Allergy    Frequent Infections    Thyroid Problems  
 High Blood Pressure    Medication allergy    Sinusitis                       None

Have you had any nasal surgery?

- Yes                       No

Have you had previous significant trauma to your nose?

- Yes                       No

Are you on any regular medication?

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

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Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

- None

Do you have a family history of allergies (Father, Mother, Siblings)?

- Yes                       No

Do you smoke cigarettes?

- Yes; how many per day? \_\_\_\_\_  
 No

Are you exposed to second hand smoke?

- Yes                       No

Do you have any pets?

- Yes; which? \_\_\_\_\_  
 No

What is your occupation? \_\_\_\_\_

How old is your house? \_\_\_\_\_

What type of heating do you have in your house?

- Forced Air                       Electric                       Hot Water

Have you ever had a mold problem in your house or at your work place?

- Yes                       No