

ALLERGY HISTORY

Name _____
Family Doctor _____ Referral Doctor _____
Chief Complaint _____

Associated Symptoms:

<input type="checkbox"/> Sneezing	<input type="checkbox"/> Recurrent sore throats
<input type="checkbox"/> Coughing	<input type="checkbox"/> Recurrent colds
<input type="checkbox"/> Headaches	<input type="checkbox"/> Cough at night
<input type="checkbox"/> Itching of eyes	<input type="checkbox"/> Cough on exertion
<input type="checkbox"/> Blocking of nose	<input type="checkbox"/> Wheezing
<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Hives
<input type="checkbox"/> Earaches	<input type="checkbox"/> Skin rash
<input type="checkbox"/> Persistent nasal discharge	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Itching of nose	<input type="checkbox"/> Diarrhea

Frequency and Duration of Attacks _____

Known Causes of Attacks _____

Medications Used _____

Hospitalizations _____

List Any Previous Allergy Testing _____

Seasonal:

Do you have trouble or is your condition worse:

<input type="checkbox"/> In the spring	<input type="checkbox"/> In the summer
<input type="checkbox"/> In the fall	<input type="checkbox"/> In the winter

Climatic conditions affecting allergy problem:

<input type="checkbox"/> Fog	<input type="checkbox"/> Rain	<input type="checkbox"/> Wind
<input type="checkbox"/> Smog	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat

Environmental Agents Aggravating Symptoms:

<input type="checkbox"/> House Dust	<input type="checkbox"/> Lawns
<input type="checkbox"/> Basements	<input type="checkbox"/> Smoke
<input type="checkbox"/> Farm Areas	<input type="checkbox"/> Flowers such as Mums, Zennias, Bachelor Buttons,
<input type="checkbox"/> Animals	<input type="checkbox"/> Daisies
<input type="checkbox"/> Open fields	

Environmental Home Survey:

How old is your house _____ Years

Home location:

<input type="checkbox"/> Apartment	<input type="checkbox"/> Farm or country home
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Home in city

Do you have any of the following:

<input type="checkbox"/> Central Heating System/with ducts	<input type="checkbox"/> Central air conditioning
<input type="checkbox"/> Wall to Wall Carpeting	<input type="checkbox"/> Braided rugs
<input type="checkbox"/> Open Fireplace	

Indicate the following types of pillow (foam, rubber, polyester, feathers, cotton, etc.) _____

Mattress (Innerspring, foam, feather, other) _____

Box Springs _____ Yes _____ No

Do you have any of the following in your bedroom?

- | | |
|--|--|
| <input type="checkbox"/> Lined draperies | <input type="checkbox"/> Chenille bedspread |
| <input type="checkbox"/> Upholstered furniture | <input type="checkbox"/> Wall paper |
| <input type="checkbox"/> Jute (burlap type) pads | <input type="checkbox"/> Rugs |
| <input type="checkbox"/> Stuffed toys or pillows | <input type="checkbox"/> Down comforters or quilts |
| <input type="checkbox"/> Venetian blinds | |

List all pets (Inside) _____

(Outside) _____

List all known food intolerance _____

List all known drug intolerance _____

List all smokers in your environment and any smoking history _____

Physical History:

Are symptoms aggravated by:

- | | | | |
|----------------------------------|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sunlight exposure | <input type="checkbox"/> Cold baths | <input type="checkbox"/> Menstruation |
| <input type="checkbox"/> Tension | <input type="checkbox"/> Exertion | <input type="checkbox"/> Hot baths | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Dusting | <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Excitement | |
| <input type="checkbox"/> Soaps | <input type="checkbox"/> Dyes | <input type="checkbox"/> Animal furs | |

Infant History:

Did you have any of the following:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Eczema or skin rash | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Croup |
| <input type="checkbox"/> Colic | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Persistent cough |
| <input type="checkbox"/> Feeding problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> Stomach aches |
| <input type="checkbox"/> Frequent ear abscesses | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diarrhea |

Family Allergy History _____

Symptoms of Pollen Allergy:

- Aggravated outdoors
- Aggravated on windy days
- Itching of the eyes
- Aggravated on clear days
- Aggravated outdoors
- Improved indoors
- Improved in air conditioning
- Flare when going from an air-conditioned room to the open air
- Increased in cool air, air-conditioning or other

Symptoms of Dust Allergy:

- Aggravated indoors
- Improved outdoors
- Increased within 30 minutes after going to bed
- Recur or increase each year with the return of cold weather
- Nasal symptoms with little or no itching of the eyes
- Aggravated with air conditioning
- When the house is being cleaned or swept
- When rugs are being cleaned
- In such dusty places as theaters, churches, grocery stores, department stores, libraries, or your bedroom

Symptoms of Atmospheric Mold:

Do you notice that your trouble begins or is aggravated:

- During prolonged periods of damp weather
- When you are around grass being mowed or weeds being cut
- When you are near hay or straw (as at the circus, in a barn, near a hay stack or on a hay ride)
- When you go into an old damp house, a damp basement, a shed or cellar
- When you enter a closet in which are stored old shoes, unused luggage, gloves or other leather goods
- If you eat cheese, mushrooms, cantaloupe, vinegar, sauerkraut, or drink buttermilk or other fermented beverages (beer, wine, or whiskey)
- When you sit in old overstuffed furniture
- Have you been in a snowy climate and are you better when the snow is on the ground

Symptoms of Feathers:

Do you notice that your trouble begins or is aggravated:

- When lying on a feather pillow
- When fluffing pillows
- When using a down comforter
- When you are near chickens, ducks, geese, pigeons, parrots, turkeys, canaries or other birds
- When you are around anyone who works around poultry or other fowl

Symptoms of Animal Hair and Dander:

Do you notice that your trouble begins or is aggravated:

- When you are around any of the following animals: dogs, cats, horses, goats, rabbits, cows, hogs and sheep
- When you handle or come into contact with any of the following: furs, rugs, certain articles of clothing, dress goods, blankets, gloves, hats, toy animals, or brushes