Allergy Health MD

ALLERGY QUESTIONNAIRE

Name:_____Age:_____ Date of Birth:_____
Do you think you suffer from allergies? YES / NO

ALLERGY HISTORY

Nasal Symptoms/Causes

1. **Do you have the following symptoms? Mark all that apply and circle the most troublesome one(s).**

___ nasal congestion ___ nasal itch/rub ___ bad breath
___ fatigue/irritability ___ red eyes ___ snoring
___ post nasal/drip ___ itchy eyes ___ mouth breathing
___ runny nose ___ sinus pain ___ nose bleeds
___ sneezing ___ loss of taste/ smell ____ headaches

2. **Mark the things that cause your symptoms. Mark all that apply and circle the most troublesome one(s).**

_ dust ___ mold/ mildew ___ smoke
___ time of day – am/pm ___ mustiness/dampness ___ home
___ indoors ___ workplace ___ outdoors
___ cut grass/ raked leaves___weather changes ___rain
___temperature changes ___ feathers ___smoke
___spring time pollen ___fall pollen ___dogs
____other animals_____ __ food ___cats

Do your symptoms occur (choose 1): __ year around __seasonally
If seasonally, specify month(s) when symptoms occur _____

3. **Have you had sinus x-rays or a CT scan? ____ yes ___ no**

RESPIRATORY HSTORY

Mark any appropriate symptom that you have.
___cough from post nasal drip ____cough ____wheezing
____symptoms with exercise ____shortness of breath ___tightness

Do you wake up in the night because of congestion symptoms?
___YES __NO

Do you have breathing problems triggered by any of these items? Mark all that apply:

___pollen	**____exercise**	**____sinus infections**
___ colds	**____mod**	**____cold weather**
____heartburn	**____pets**	**____foods**
___ weather change	**___rain**	**____other:_____**

<u>MEDICATIONS</u>
I take the following medications, including inhalers and nasal sprays:

Name	Dose	Frequency

ENVIRONMENTAL SURVEY

1. **Where do you live? ____ house__apartment ____condo ___mobile home/trailer**
2. **How long have you lived there? ____ years How old is it? _____**
3. **Do you have pets? ____ No ___ Yes (if yes, specify) _____**
   Cat ____indoor _____outdoor ___both
   Dog ____indoor ____outdoor ___both
   Other pet:_____ ____indoor outdoor ___both

4. **Does anyone smoke in the house? _____No ___ Yes**
5. **Is the house air conditioned? _____ No _____ Yes**
6. **Do you keep the windows open? _____No ____Yes**
7. **Do you have moisture/dampness problems at home? ___No ___Yes**
8. **Do you have a basement? _____No ___ yes**

YOUR BEDROOM

1. **Type of bed: ____ regular _ waterbed/waveless ____waterbed/wave**
2. **Plastic encasement of frame: ___No ____ Yes**
3. **Pillow type: ____ Feather ____synthetic ____Cotton**
4. **Bedroom floor type: ___carpet ___wood ____vinyl**