OTOLARYNGOLOGY ASSOCIATES, P.C.

ALLERGY DEPARTMENT ALLERGY HISTORY

| NAME | | AGE | SEX | PATIENT # | DATE |
|--|--|--|---|--|---|
| PREVIOUS ALLERGY TES | TING : Where : | | | | DATE |
| MEDICATIONS List All Medications OTC/Rx | | ☐ Cortisone ☐ ☐ Beta Blockers ☐ | Ointments Nose Drops Hormones Vitamins | Do you use medication reg for nasal symptoms No Yes What is it? Does it help? | |
| MEDICAL CONDITION High blood pressure Heart disease Stomach or Intestinal disease Overactive thyroid Underactive thyroid Other conditions: | □ Any □ Mign ase □ Freq □ Asth □ Emp | hormonal difficulties raine headaches uent headaches ma | ☐ Bron ☐ Hay: ☐ Hive | fever □ s □ disease □ | Sinus disease Nasal polyps Broken nose Nasal septum Deviated septum |
| ALLERGIES | | | | | |
| Do you have allergies? What are you allergic to? During what months do you u | Yes No Don | | | latives have allergies? Y June July Aug S | |
| ALLERGY SYMPTOM | S Check all symptom | s that you usually have | | | |
| ☐ Itching of nose ☐ Nasal c☐ Throat itch ☐ Ear infe | | | □ Post-nasal drip□ Fullness/ Pressure | | Eyes itch Eyes water Gore throat Cough Wheezing |
| Are your symptoms worse: | □ Morning □ Afterno | oon □ Evening □ Nigh | t □ At home □ | Other location: | |
| Are your symptoms: | □ Constant □ Errati | c □ Present most of the | e time | part time Present rarely | |
| Are your symptoms: \Box S | light □ Moderate □ | Severe Do your sympton | ns interfere with | your life? □ Not at all □ | A little \Box Moderately \Box Frequently |
| □ Out-doors □ Weather change □ Dry weather □ Windy day □ Hot day □ Cold day □ Air conditioning | Ause your symptoms o Mowing lawn Dusty environment High pollution Animals Cooking odors Smoke Soap powder Insecticides Paint fumes | r make them worse. Please Perfumes Cosmetics Hair perm Newspapers Wool Road dust Milk or milk pro Eggs Wheat products | N N N N N N N N N N | Nuts, beans or seeds Chocolate | ☐ Cheese ☐ Mushrooms ☐ Aspirin ☐ Chemicals (list below) |
| ENVIRONMENT | | | | | |
| Occupation: At work, are your symptoms : Smoking habits : Cigarettes # Pets in the house currently: □ | #/day Pipe # | forse □ Same !/day Cigars # | /day Years | | d smoking in t □ Bird □ Rodent □ Other |
| □ None used □ □ Foam rubber □ □ Feather □ □ Dacron □ □ Other □ | Mattress Cotton Foam rubber Horse hair Feather Other Don't know | □ None □ Oil □ Gas | ethod of Heat Deli Hot air blower Radiators Electric panels Don't know | □ Bedroom □ Central | g Do you use a humidifier ☐ Yes ☐ No |