**Allergy History**

1. List allergy symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. When did symptoms develop?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are symptoms seasonal? If so, which seasons?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you have asthma? If so, what medications do you use to control your symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Have you ever gone to the ER for allergies or asthma?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Have you had allergy testing in the past? If so, how long ago?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you own any pets? If so, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Is it OK to test both arms for intradermal injections? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Is there any possibility that you could be pregnant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Please list any known allergies to:

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the situations that apply to you:**

**Pollen Allergy**

\_\_\_ Aggravated outdoors

\_\_\_ Aggravated with wind

\_\_\_ Itching of the eyes

\_\_\_ Aggravated on clear days

\_\_\_ Improved in AC

\_\_\_ Aggravated outdoors, (7-11

 AM)

**Dust Allergy**

\_\_\_ Aggravated indoors

\_\_\_ Increased after going to bed

\_\_\_ Increased with cold weather

\_\_\_ Nasal symptoms with little

 or no itching of eyes

\_\_\_ Aggravated by AC

\_\_\_ Increased with dusting

**Mold Allergy**

\_\_\_ Aggravated outdoors (4 to 8

 PM)

\_\_\_ Increased by cool evening air

\_\_\_ Aggravated when mowing

 or playing on grass

\_\_\_ Aggravated from mid

 August to December

**Please rate your symptoms on a daily basis (#1 is low degree, #5 is high degree):**

CIRCLE THE NUMBER

EYES (itchy, watery, or swelling): 1 2 3 4 5

EARS (itchy, draining, or congested): 1 2 3 4 5

NOSE (runny or congested): 1 2 3 4 5

HEADACHES (allergy related): 1 2 3 4 5

POST NASAL DRIP: 1 2 3 4 5

COUGH (allergy related): 1 2 3 4 5

SNEEZING: 1 2 3 4 5