

Virginia Ear, Nose & Throat Associates, P.C.
Allergy History

Date: _____ Referred by: _____ Chart # _____
Name: _____ Date of Birth: _____ Soc. Sec. #: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Occupation: _____ For how long: _____

Check all that apply:

Age of Symptom onset

- Infant (0-5)
- Child (age 6-12)
- Adolescent (12-18)
- Adult (18-25)
- Adult (25-40)
- Adult (over 40)

Previous diagnosis of allergy with allergy testing

- Yes, and allergy shots helped
- Yes, but allergy shots did not help
- Yes, and medications helped
- Yes, but medication did not help
- None

General Medical conditions or complaints

- Depression
- Anxiety or Tension
- Hyperactivity
- Fatigue, tiredness or weakness
- Headaches or migraines
- Swelling of parts of the body
- High blood pressure
- Low blood pressure
- Stomach or intestinal disease
- Thyroid disease
- Diabetes
- Heart trouble
- Lung trouble
- Tuberculosis or exposure to tuberculosis
- Asthma
- Poor concentration
- Dizziness
- Shortness of breath
- Frequent Flu-like symptoms
- Swollen glands with sore throats
- Sudden weight loss
- Sudden weight gain
- None

List the two major symptoms which bother you the most

1. _____
2. _____

List major surgeries and dates: _____

List ALL medications now being taken including over the counter medications: _____

Sinus Cat Scan result _____
Date of Scan _____

Allergies to Medication: _____

Do you smoke? Yes No

Check all that apply:

Nose Symptoms

- Itching
- Sneezing
- Runny nose-clear discharge
- Runny nose- cloudy or discolored discharge
- Frequent nose blowing
- Foul odor in the nose
- Pain, burning or dryness
- Symptoms worse during known pollen seasons
- Symptoms worse with animal exposure
- Stuffiness
- Post nasal drip
- Frequent Sinus infection _____# per year
- Nasal obstruction
- Severe nose bleed
- Crooked or broken nose
- Loss of sense of smell

Eye symptoms

- Itching
- Excessive watering
- Redness
- Swelling
- Pain
- Above symptoms worse during known pollen seasons. spring summer fall winter
- Above symptoms worse with animal exposure
- Tobacco smoke or chemical exposure makes symptoms worse
- Dryness

Ear symptoms

- Itching
- Blocking, fullness or popping
- Hearing loss
- Pain
- Pain with chewing
- Frequent ear infections _____# per year
- Ear tubes inserted
- Ringing in ears

Mouth and Throat symptoms

- Itching of the throat or mouth, especially with certain foods
- Frequent sore throats
- Frequent laryngitis
- Frequent tonsillitis
- Mouth sores
- Burning sensation of the mouth or tongue
- Bad breath
- Dryness
- Grinding teeth
- Swelling of the tongue or mouth

Chest Symptoms

- Asthma or wheezing: ___ with exercise ___ without exercise
- Asthma or wheezing around animals
- Asthma or wheezing during pollen seasons
- Asthma or wheezing around tobacco smoke or chemicals
- Shortness of breath
- coughing
- frequent bronchitis ___# episodes per year
- frequent colds

Gastro Intestinal Symptoms

- Nausea and vomiting
- Diarrhea
- Gas, heartburn, reflux
- Cramps or bloating
- Abdominal pain
- Retaste foods

Bone and Joint symptoms

- Joint or bone pain
- Muscle pain
- Redness or swelling of joints
- Joint stiffness, limited motion

Skin Symptoms

- Hives
- Rashes
- Itching
- Swelling
- Reactions to cosmetics
- Blisters or peeling of hands
- Athlete's foot
- Jock itch

Seasons when symptoms are most severe

- All year long
- Spring
- Summer
- Fall
- Winter
- No seasonal pattern

Frequency and severity of allergy symptoms

- Constant, chronic with little change
- Present most of the time
- Present part of the time
- Present rarely
- No interference with normal life
- Slight interference with normal life
- Considerable interference with normal life
- Prevents some normal activities

Childhood History

- Eczema
- Colic
- Often sick
- Bronchitis or asthma
- Croup
- Frequent stomach ache
- Frequent colds, sinus trouble
- Frequent sore throat
- Frequent ear infections

Family members with Allergic problems

- Mother
- Father
- Sister or Brother
- Grandparents
- Children
- None

When are your symptoms **Worse**?

- Outdoors
- With physical activity
- Indoors
- Nighttime
- In your bedroom or in bed
- windy weather
- damp or wet weather
- when weather changes
- during pollen seasons
- In certain rooms or buildings
- When exposed to tobacco smoke
- with yard work, cut grass, leaves, hay or barns
- When sweeping or dusting the house
- In moldy or mildewy areas
- with air conditioning
- In fields or in the country
- Tobacco smoke bothers me more than anything else
- When you are tired
- Don't know

When are your symptoms **better**?

- After shower or bath
- with air conditioning
- Indoors
- During or after physical activity
- When it rains
- During snowy or icy weather
- After taking antihistamines
- With allergy shots
- On vacation, if yes, where _____
- Don't know

Do you have?

- Dogs
- Cats
- Horses or cattle
- Rodents (mice, guinea pigs, etc.)
- Rabbits
- Birds of any kind
- Bees
- Other _____
- None

Animals, insects and birds **which cause symptoms** on exposure

- Dogs
- Cats
- Horses or cattle
- Rodents (mice, guinea pigs, etc.)
- Rabbits
- Birds of any kind
- Bees
- Other _____
- None

Occasions, activities or locations **which cause symptoms**

- House is being cleaned or swept
- Rugs are being cleaned
- Bed is being made or mattress turned
- Spring cleaning is done
- You sit on old, overstuffed furniture
- You are in dusty places such as: theaters, churches, grocery stores, libraries, your bedroom
- During prolonged periods of damp or humid weather
- You are near grass which is being mowed or weeds being cut
- You are near hay or straw
- When you go into an old damp house, a damp basement, shed or cellar
- When you enter a closet stored with old shoes, unused luggage, gloves or other leather goods
- If you eat cheese, mushrooms, cantaloupe or drink beer or wine
- When the first cold snap of autumn arrives
- Outdoor sports and hobbies

Do you have symptoms when

- You are in nightclubs or other smoky places
- You use face, talcum, body bath or tooth powder
- You are in a beauty or nail salon or a barber shop
- You are around people who use a lot of powder or perfume
- You are exposed to household insect powders or sprays
- You are exposed to powders, sprays or crystals used for mothproofing purposes
- You are exposed to dusting powders or sprays used in gardens or on crops

Survey of the home, Check all that apply.

- My house/apartment is old
- My house/apartment is new
- My house/apartment is damp
- My house/apartment is dry
- Things mildew easily in my house/apartment

My house/ apartment is heated by

- open gas heaters
- floor gas heaters
- radiators
- open fireplaces/wood stove
- central heating system with duct

My house/apartment is cooled by

- an attic fan
- window unit air conditioning
- central air conditioning
- window fans, ceiling fans

Which of the following describe your house/apartment

- plants and/or window boxes
- use of insect sprays or moth repellants
- piles of books or magazines
- overstuffed furniture
- feather pillows
- rugs on the floor
- carpeting
- hardwood floors
- heavy drapes at the windows
- curtains at the windows
- use of down comforters or pillows
- house /apartment often smells of fumes
- wallpaper
- basement
- crawl space

Food symptoms. Check any that apply

- increase in symptoms 5 to 60 minutes after meals
- awaken in the middle of the night with symptoms
- some foods are craved, eaten often or can't live without
- The smell or odor of some foods increase symptoms
- Preservatives, additives or food colors increase symptoms
- Some foods cause nasal symptoms
- Some foods cause asthma
- Some foods cause rashes and hives
- Some foods cause headaches
- Some foods cause swelling of mouth or tongue
- Some foods cause upset stomach and vomiting
- Some foods cause diarrhea
- Symptoms occur with restaurant salad bar or Asian foods
- Symptoms occur with any regularly eaten food