

Allergy History Form

Patient Name: _____ Date: ____/____/____

DOB: ____/____/____

Check Conditions Affecting Symptoms

1. During which months do symptoms occur?

All Months

January

April

July

October

February

May

August

November

March

June

September

December

2. Are symptoms worse?

Morning

Afternoon

Evening

Night

At home

At work/school

Other, Location _____

3. Are symptoms:

Constant

Erratic

Rare

4. Do symptoms interfere with your activities?

Not at all

A little

Moderately

All the time

5. Family History:

Asthma

Eczema

Sinus problems

Migraine

Hay fever

Ulcer

Nervous disorder

Colitis

Other: _____

6. Your Medical Conditions:

High blood pressure

Heart disease

Asthma

Bronchitis

Bee sting allergy

Thyroid disease

Emphysema

Diabetes

Hormonal difficulty

Stomach or intestinal problems/disease

Drug allergy, specify: _____

Food allergy, specify: _____

7. Do any of the following cause or make your symptoms worse?

Milk or milk products

Fruit or juices

Vegetables

Eggs/egg products

Beer

Wine

Wheat products

Liquors

Nuts/beans/seeds

Cheese

Meat

Mushrooms

Vinegar

Chicken

Poultry

Fish

Other: _____

Other: _____

Other: _____

Other: _____

8. Are your symptoms made worse by:

- Wind
- Smoke
- Barns/hay
- High pollution day
- Damp areas
- Soap
- Powder
- Mowing lawns
- Insecticides
- Dust
- Paint fumes
- Perfumes
- Cosmetics
- Newspapers
- Wool
- House plants
- Weather change
- Dry weather
- Hotel stay
- Hot day
- Cold day
- Air-conditioning
- Travel/Vacations

Indoors, explain: _____

Outdoors, explain: _____

9. Do you have pets or are you exposed to other animals?

- Cats
- Dogs

Other, list: _____

Previous Allergy Treatment

1. Have you ever been treated with Allergy Shots or Drops?

- Yes
- No

If yes, what were you treated for?

- Grass pollens
- Molds
- Weed pollens
- Dust mites
- Tree Pollens
- Animals
- Other: _____

2. Did the Allergy Shots or Drops help you?

- Yes
- No
- Don't know

3. What years were the shots or drops taken?

_____ to _____

Other Information

Please note below any other information you would like to add
