

ALLERGY HISTORY

NAME _____ DOB _____ DATE _____

COMPLAINTS:

Please circle the appropriate number 0 to 3 according to severity: **0 = absent** (no symptoms evident)

2 = moderate (tolerable)

1 = mild (symptoms present, but minimal awareness),

3 = severe

Nasal discharge (runny nose)	0 1 2 3	Headache	0 1 2 3
Nasal obstruction (stuffy nose)	0 1 2 3	Hives	0 1 2 3
Nasal itching	0 1 2 3	Eczema	0 1 2 3
Sneezing	0 1 2 3	Itching ears	0 1 2 3
Watery eyes	0 1 2 3	Sinus or ear infections	0 1 2 3
Itchy eyes	0 1 2 3	Frequent colds or sore throat	0 1 2 3
Gritty feeling (eyes)	0 1 2 3	Sensitivity to pet hair	0 1 2 3
Cough	0 1 2 3	Itchy throat	0 1 2 3
Wheezing	0 1 2 3	Sinus pressure	0 1 2 3
Difficulty breathing	0 1 2 3	Sinus pain	0 1 2 3

Other symptoms causing you problems? _____

MEDICATIONS:

How often do you take medications for your allergy symptoms?

0 = never 1 = occasionally (several times a month or less) 2 = frequently (several times a week)

3 = daily

Antihistamines	0 1 2 3	Nasal Steroids (Flonase, Nasacort)	0 1 2 3
Oral Steroids	0 1 2 3	Asthma medication (Inhaler, Singulair, Advair)	0 1 2 3
Eye drops	0 1 2 3	Other allergy-related medications	_____

Does any medication give you complete relief of symptoms? _____

GENERAL ALLERGY HISTORY:

How many months of the year do you have allergies? _____ How many years? _____

In what season are they worse (check all that apply): Spring Summer Fall Winter

Have you been allergy tested before? Yes No

If yes, which type: Skin prick/Puncture Blood draw

Have you previously received allergy shots? _____ Allergy drops? _____ If yes, when? _____

Do you smoke or use tobacco products? _____

List any animals you have in or around the home _____

Who else in your family has allergies? _____

PROVIDER ONLY

RAW SCORE: _____ /25

SCORE: _____ (Multiply raw score by 4)

0-25 = MILD

26-50 = SIGNIFICANT

51-100 = SEVERE

100+ = VERY SEVERE

This Allergy History worksheet is meant for use by a licensed medical professional only. This worksheet is in no way meant to confer a diagnosis or dictate a specific course of either testing or treatment in lieu of a medical professional's opinion. Scores and descriptions of severity are relative to questions asked and may not be seen in and of themselves as conveying medical advice or medical necessity.