

## Allergy-Immunology New Patient Questionnaire

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

### Primary reason for today's visit:

☐ **Hayfever / allergies / sinus issues:**

- ☐ Year-round  
☐ Coming and going unrelated to seasons  
☐ Only during certain times of year

**Please indicate when symptoms are worse:**

Jan / Feb / Mar / April / May / June

July / Aug / Sept / Oct / Nov / Dec

How old were you when symptoms began? \_\_\_\_\_

**Symptoms are:** better / worse / about the same

- ☐ **Asthma**  
☐ **Chronic cough**  
☐ **Rash: hives / swelling / eczema / dermatitis**  
☐ **Insect sting reaction**  
☐ **Food allergy**  
☐ **Recurrent infections**  
☐ **Other**

### Allergy History

**A. Have you been tested for allergies before?** Yes ☐ No ☐

**B. Have you been on allergy shots before?** Yes ☐ No ☐

**C. If so, have you had a reaction to allergy shots?** Yes ☐ No ☐

**D. Do you have any of the following?**

- ☐ Asthma  
☐ Eczema / atopic dermatitis  
☐ Food allergy: \_\_\_\_\_  
☐ Allergic reaction to insect stings  
☐ Allergic reaction to aspirin or ibuprofen  
☐ Heartburn / reflux / GERD  
☐ Autoimmune disease (e.g. lupus, rheumatoid arthritis)  
☐ Thyroid problems  
☐ Frequent pneumonia

**Symptom review** (check all that apply to you):

General	Musculoskeletal
<input type="checkbox"/> Fever	<input type="checkbox"/> Joint pain
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Joint swelling

### Eyes

- ☐ Watery  
☐ Swelling  
☐ Burning  
☐ Itching  
☐ Dryness  
☐ Redness  
☐ Blurry vision

### Gastrointestinal

- ☐ Vomiting  
☐ Difficulty swallowing  
☐ Diarrhea  
☐ Abdominal pain

### Ears

- ☐ Itching  
☐ Dizziness  
☐ Fullness  
☐ Frequent infections  
☐ Popping  
☐ Ear tubes

### Nose and sinus

- ☐ Itchy nose  
☐ Sinus pain / pressure  
☐ Sneezing  
☐ Blocked nose  
☐ Runny nose  
☐ Frequent infections  
☐ Stuffy nose  
☐ Unable to smell / taste  
☐ Mostly clear drainage  
☐ Mostly discolored drainage  
☐ Snoring  
☐ Nasal polyps  
☐ Postnasal drip  
☐ Sinus surgery

### Skin

- ☐ Rough patches  
☐ Itching  
☐ Hives  
☐ Dryness  
☐ Swelling

### Chest

- ☐ Shortness of breath  
☐ Frequent cough  
☐ Difficulty with exercise  
☐ Wheeze  
☐ Chest congestion  
☐ Chest tightness  
☐ Sputum production  
☐ Palpitations  
☐ Leg swelling  
☐ Chest pain

### Patients with asthma and/or chest symptoms:

- How old were you when chest symptoms started? \_\_\_\_\_
- How often do you have **daytime** chest symptoms? \_\_\_\_\_

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- How often do chest symptoms **wake you** from sleep? \_\_\_\_\_
- Do chest symptoms interfere with exercise? \_\_\_\_\_
- Which inhaler(s) have you used before? \_\_\_\_\_
- Which inhaler(s) are you using now? \_\_\_\_\_
- Ever needed a steroid pill/injection for chest symptoms? \_\_\_\_\_
- Ever admitted to the hospital for chest symptoms? \_\_\_\_\_
- Ever intubated (breathing tube inserted) for asthma? \_\_\_\_\_