**ALLERGY PATIENTS ONLY**  DATE:

CHART #

NAME: DATE OF BIRTH:

**What bothers you the most?**

**When your problems are at their WORST, how much trouble do you have with**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **Mild** | **Moderate** | **Severe** |  |
| Nasal congestion and fullness |  |  |  |  |
| Nasal blockage or mouth breathing |  |  |  |  |
| Drainage out the front of the nose |  |  |  |  |
| Drainage down the throat |  |  |  |  |
| Itching in the throat |  |  |  |  |
| Itching/Watering Eyes |  |  |  |  |
| Sneezing |  |  |  |  |
| Cough |  |  |  |  |
| Shortness of Breath |  |  |  |  |
| Wheezing |  |  |  |  |
| Facial pain |  |  |  |  |  |
| Headaches |  |  |  |  |  |
| Eczema |  |  |  |  |  |

How long have you had these symptoms? Are they: Constant Come and Go

Symptoms are triggered by

Symptoms are WORST in WINTER SPRING SUMMER FALL NO SEASONAL PATTERN

Have you ever been tested for allergies? YES NO Date of last test?

Name and location of doctor who tested you

Have you been on allergy shots? YES NO From to

Did the previous allergy shots help your symptoms? YES SOME NO

Have you taken an antihistamine? YES NO Date last taken? Did they help?

Circle all tried: Zyrtec Xyzal Allegra Claritin Loratadine Fexofenadine Benadryl

Have you ever taken a nasal steroid? YES NO Date last taken? Did they help?

Circle all tried: Flonase Nasocort Nasonex Rhinocort Veramyst Omnaris

Have you been treated with steroids for allergies or asthma? YES NO PILLS or INJECTION

(Examples: prednisone, medrol dose pack, “sinus cocktail”) Did they help?

How often are you on antibiotics for your symptoms? Do antibiotics help?

Any other allergy treatments?

List any animals with which you have contact.