THIS PATIENT QUESTIONAIRE IS DESIGNED TO BE COMPLETED IN 15 MINUTES AT THE LONGEST. I WILL DISCUSS ALL OF THESE SUBJECTS WITH YOU IN GREATER DETAIL AT OUR VISIT

THIS CONSULTATION WAS ARRANGED TO EVALUATE WHICH ALLERGY PROBLEM?

(A) (B) (C) (D)

WHEN IS THE FIRST TIME THE PROBLEM OCCCURED?

(A) (B) (C) (D)

WHERE DID THE PROBLEM OCCUR THE FIRST TIME?

(A) (B) (C) (D)

DESCRIBE YOUR FIRST ATTACK

DESCRIBE A TYPICAL ATTACK

WHEN DID YOUR LAST ATTACK OCCUR? DATE

HOW OFTEN DO YOU HAVE ATTACKS? DAILY WEEKLY MONTHLY LESS FREQUENTLY

II YOUR PROBLEM OCCURS CONSISTENTLY AT A PARTICULAR TIME OF YEAR THEN PLEASE INDICATE THE SYMPTOM(S) AND WHICH MONTH(S) IT REGULARLY OCCURS BY FILLING IN THE APPROPRIATE 0

SYMPT	*JAN*	*FEB*	*MAR*	*APRIL*	*MAY*	*JUNE*	*JULY*	*AUG*	*SEPT*	*OCT*	*NOV*	*DEC*
1	0	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0

OR DO YOUR SYMPTOMS OCCUR ALMOST EQUALLY ALL OF THE TIME YES NO

DO YOUR SYMPTOMS OCCUR IN THE: (PLEASE CHECK)

MORNING AFTERNOOON EVENING WEEKDAYS ONLY WEEKEND ONLY OTHER

THE NEXT PART OF THIS QUESTIONAIRE IS DESIGNED TO REVIEW YOUR GENERAL HEALTH ESPECIALLY THOSE CONDITIONS THAT MAY IMPACT ON YOUR ALLERGIC DISEASE OF TREATMENT OF YOUR ALLERGIC DISEASE.. IF YOU HAVE ANY OF THE FOLLOWING ILLNESSES PLEASE FILL IN THE CIRCLE NEXT TO THE ILLNESS.

◊ FREQUENT HEADACHES
◊ SINUS HEADACHES
◊ GLAUCOMA
◊ CATARACTS
◊ DENTAL PROBLEMS
◊ FREQUENT SWOLLEN GLANDS
◊ HEART DISEASE
◊ ARRYTHYMIA
◊ MITRAL PROLAPSE
◊ HEART ATTACK
◊ DO YOU TAKE A BETA BLOCKER?

0 PROSTATE PROBLEM
0 DIABETES
0 TUBERCULOSIS
0 GASTRIC OR DUODUENAL ULCER
0 GASTRIC REFLUX
0 OTHER
0 OTHER
0 IF A WOMAN ARE YOU PREGNANT Y...N...OR NURSING Y.....N.....
0 WHRE YOU EVER HOSPITALIZED? Y.....N.....
WHERE?.....WHEN.....
WHY?