

CUMBERLAND VALLEY ENT CONSULTANTS/ALLERGY DEPARTMENT

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ALLERGY QUESTIONNAIRE

Date: _____

Patient's Name: _____

Do you have any of the following:

Nasal Congestion?	Y	N
Frequent sneezing?	Y	N
Watery Nasal Discharge?	Y	N
Discolored Nasal Drainage?	Y	N
Nasal Burning?	Y	N
Sinus/Facial Pain?	Y	N
Itchy Nose?	Y	N
Itchy Throat?	Y	N
Itchy, Burning Eyes?	Y	N
Watery Eyes?	Y	N
Red Eyes?	Y	N
Post Nasal Drip?	Y	N
Chronic Headaches?	Y	N
Asthma?	Y	N
Chronic cough?	Y	N
Shortness of breath?	Y	N
Wheezing?	Y	N
Cough with exercise?	Y	N

When did symptoms begin? _____

Do you have a family history of allergy? _____

Do you have any history of sinus problems? _____

Circle which seasons are most difficult for you. **Summer** **Fall** **Winter** **Spring**

Do you have eczema or get other rashes? _____

Do you get hives? _____

Are you allergic to specific foods? Which? _____

Do you have any drug allergies? _____

Do you have excessive fatigue? _____

Excessive gas and indigestion? _____

Patient Name: _____

Account # _____

ENVIRONMENT:

Circle your type of home. **Apartment**
How old is your home? _____

Are you worse in a particular room?_____

Do you have a wood stove or burn wood in a fireplace? Y N

Do you have a basement? Y N

Is your basement damp or dry? Y N

Do you have standing water or leaks in or around your home? Y N

Do you have carpet in your bedroom? Y N

Do you have curtains in your bedroom? Y N

Do you have a feather pillow? Y N

Have allergy precautions been taken in the bedroom?	Y	N
1. No allergy precautions taken		
2. Allergy precautions taken		

Do you get stuffy shortly after you go to bed? Y N

Does house cleaning make your symptoms worse? Y N

Do you have a library with many old books? Y N

Do you have a lot of antique furniture? Y N

Do you have a lot of difficult to dust knick-knacks? Y N

Are your symptoms better when you go on vacation? Y N

Do your symptoms flare-up in: basement? Y N

around barns/farms? Y N

in the woods? Y N

around lakes/marsh? Y N

Are your symptoms worse when you go outside in the AM? Y N

in the P.M?	Y	N
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Do your symptoms get worse when you do yard work? Y N

do gardening?	Y	N
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Do you have many house plants? Y N

Please list indoor pets:

Please list outdoor pets:

Are there certain areas of the country where your symptoms are worse, or better?

What type of work do you do?

How many years have you been doing this type of work? _____

What type of hobbies do you enjoy?

PLEASE ANSWER THE FOLLOWING QUESTIONS IF PATIENT IS A CHILD:

Was the patient premature or full term?(circle one)

Was the patient a colicky baby?	Y	N
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Breast fed?	Y	N
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Bottle fed?	Y	N
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Is the child in daycare?	Y	N
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Does the child have ADD or ADHD?	Y	N
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At what age did the patient start solid foods?_____

Does anyone smoke around the child?_____