Allergy Questionnaire

Date M F Occupation	Name:			D.O.B		Age
Cough	Date	M	F	Occupation_		
Cough	Do Vou have any of	those sw	ctome? (Ch	ack all that apply)		
Wheezing					Noor	d Congostion
Chest tightness	•					
Postnasal drip						
Phlegm Sinus infections Hives/Swelling Headaches Snoring Fatigue Eczema Nasal Polyps Poor Sense of smell Other Check any of the following that seems to trigger (or cause) your systems to bother you. Grass Cats Dogs Perfumes Mold/Mildew Leaves Household dust Exercise Smoke Weather Changes Latex Humidity Aerosol sprays Cosmetics Insecticides Pollution When are your systems worse? Year Round January February March April May June July August September October November December Have you been skin tested? Yes No Results No Senvironmental Survey Do you live in the City Suburbs Rural Area Do You have a basement? Yes No Heating system is in your home? Hot Air Radiator Electric Baseboard	Chest tightness	-				•
HeadachesNasal PolypsPoor Sense of smell						
EczemaNasal PolypsPoor Sense of smellOther				ections		_
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Heating system is in your home? Hot Air Radiator Electric Baseboard	-	•				
					Electric	Baseboard
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Do you have Pets? How Many?DogsCatsBirdsOther	•					