

**CYRSTAL COMMUNITY ENT
ALLERGIC HISTORY**

Name _____ DOB _____ Date _____

Present Symptoms _____

Ever had allergy testing or shots? **YES / NO** Were you able to tolerate the tests and shots? **YES / NO**
If no, explain _____

Any known allergy to medications? **YES / NO** (If yes, see chart)

Any known allergy to foods? **YES / NO** (If yes, see chart)

Any known irritation to smoke? **YES / NO**

Any known allergy to animals? **YES / NO** If yes, what? _____

Please mark the situations that apply to you

A. SYMPTOMS OF POLLEN ALLERGY: usually important in warm weather

- ___ Aggravated outdoors
- ___ Aggravated on windy days
- ___ Itching of the eyes
- ___ Aggravated on clear days
- ___ Aggravated outdoors 7:00 am to 11:00 am
- ___ Improved indoors
- ___ Improved in air conditioning
- ___ Aggravated when going from an air-conditioned room to the open air

B. SYMPTOMS OF DUST ALLERGY: (more important in cold weather)

- ___ Aggravated indoors
- ___ Improved outdoors
- ___ Increased within 30 minutes after going to bed
- ___ Reoccur or increase each year with the return of cold weather
- ___ Nasal symptoms with little or no itching of eyes
- ___ Aggravated with air conditioning
- ___ Increased when dusting or sweeping

C. SYMPTOMS OF MOLD ALLERGY

- ___ Aggravated outdoors between 4:30 pm to 8:30 pm
- ___ Increased by cool evening air (early evening)
- ___ Aggravated while mowing or playing on the grass
- ___ Aggravated more during ☐ **Spring** ☐ **Summer** ☐ **Fall** ☐ **Winter**

D. SYMPTOMS FROM SPECIFIC CONTACTS

- ___ Aggravated in house after lights have been on about an hour
- ___ Aggravated in a certain room? Which one _____
- ___ Aggravated in barns, garage or sheds
- ___ React in a home with ☐ **Cats** ☐ **Dogs**
- ___ Aggravated in your house, but not in others

Please rate your symptoms 1-5 (#1 is low degree of symptom, #5 is high degree of symptom)

CIRCLE THE NUMBER

| | | | | | |
|---|---|---|---|---|---|
| EYES: (itchy, watery or swelling) | 1 | 2 | 3 | 4 | 5 |
| EARS: (itchy, draining or congested) | 1 | 2 | 3 | 4 | 5 |
| NOSE: (runny or congested) | 1 | 2 | 3 | 4 | 5 |
| HEADACHES: (allergy related) | 1 | 2 | 3 | 4 | 5 |
| POST NASAL DRIP | 1 | 2 | 3 | 4 | 5 |
| COUGH | 1 | 2 | 3 | 4 | 5 |
| SNEEZING | 1 | 2 | 3 | 4 | 5 |