



Could your cold or congestion actually be seasonal allergies?

Patient Name: _____

Date of Birth: _____

Date: _____

Provider Name: _____

Referral: YES NO (circle)

Patient Interest: (circle one)

Interested Not Interested Later

HISTORY:

- Do your symptoms last weeks at a time? Yes No
- Do at least one of your parents have allergies? Yes No
- Have you ever been treated for allergies? Yes No
- Do your symptoms seem to reoccur at the same time every year? Yes No

Office Use Only

Already Completed:

Yes _____ No _____

SYMPTOMS:

- Do you frequently suffer from itchy or watery eyes? Yes No
- Do experience chronic sinus congestion or a continuous runny nose? Yes No
- Do you have trouble with an itchy nose or throat or excessive sneezing? Yes No
- Do you have a chronic cough? Yes No
- Do your symptoms occur most often after being outside? Yes No
- Do your symptoms appear indoors and outdoors? Yes No
- Do you use antihistamines (Claritin, Allegra, Dimetapp, etc.)
on a regular basis to combat your symptoms? Yes No

*******Ask your physician about scheduling your appointment to be allergy tested.*******