Woman's Comprehensive Clinic for Internal Medicine, PLLC 1611 N. Alamo, San Antonio, TX 78215 | P: 210-333-0733

ALLERGY HISTORY QUESTIONNAIRE

Patient Name:				D.O.B.:		Date:			
EARS	Now	Past	MOUTH	Now	Past	GENERAL	Now	Past	
Hard of Hearing			Bleeding Gums			Chronic Sinus Infection			
Deafness			Sores			Fatigue			
Ringing			Dental Problems			Fever			
Discharge			Bad Breath			Colds/Flus			
Earache			Loss of Taste			Chronic Fatigue Syndrome			
Itching			Dry Mouth			Chills			
Dizziness			Ulcers			Night Sweats			
Room Spins			Blisters			Perspiration for no reason			
•						High Blood Pressure			
NOSE	Now	Past	SKIN	Now	Past	Chronic Sickness			
Decreased Smell			Color Changes			Chronic Use of OTC/RX Drug	s 🗆		
Bleeding			Eczema			Frequent Puffiness in the			
Pain			Nail Changes			Face, Ankles, and Fingers			
Discharge			Hair Changes						
Obstruction			Moles			NEUROLOGIC	Now	Past	
Post Nasal Drip			Rashes			Migraines			
Deviated Septum			Sores			Dizziness			
Runny Nose						Fainting			
Seasonal Allergies			RESPIRATORY	Now	Past	3			
Sinus Congestion			Cough			ENDOCRINE	Now	Past	
Sneezing			Phlegm			Weight Loss			
5			Blood			Weight Gain			
THROAT	Now	Past	Short of Breath			Diabetes			
Soreness			Wheezing			Thyroid Disease			
Bad Tonsils			Pain			Hot Flashes			
Hoarseness			Congestion						
Pain			Bronchitis			MUSCULOSKELETAL	Now	Past	
Trouble Swallowing			Asthma			Muscle Pain			
Throat Infections						Muscle Weakness			
			GASTROINTESTINAL	Now	Past	Joint Pain			
HEAD/EYES	Now	Past	Intestinal Disease						
Burning/Itching Eyes			Stomach Problems			OTHER	Now	Past	
Headaches									
Chronic Sinusitis			PSYCHIATRIC	Now	Past				
Facial Pain Related to			Depression						
Sinus Infections/Pressure			Insomnia						
			Anxiety						
T. 6. T.				, ,		,			
			vities? \square All the Time \square Mogy \square Food Allergy \square Drug A			lle			
							1 T T 1		
		•••				Shots Help You? ☐ Yes ☐ No ☐	I Unknow	n	
Are you currently taking m	edication	n tor your A	llergy Symptoms? ☐ Yes	⊔ No .	It Yes, Ple	ase List:			
Disqualification Questions	for Aller	rgy Testing:							
1 Do way have uncommell	ad Aathu	0	□ Yes □ No	Q A-		anthu tahing Bata Blackana)	(V	NI	
					-	. 0		No	
			☐ Yes ☐ No		you have			No	
5. Do you have an Immun	odeficier	icy Disorde	r? □ Yes □ No	6. Ar	e you curr	ently pregnant?	l Yes □	No	
To be completed by Physic	cian only	:							
· . · · ·	·								
IMPRESSION/DIAGNOSIS					00.10.E	· · • • d			
□ 372.14 Chronic Conjunctivitis				☐ 493.12 Extrinsic Asthma					
□ 477.0 Allergic Rhinitis due to Pollen					☐ 493.22 Chronic Obstructive Asthma				
□ 477.2 Allergic Rhinitis (animal hair)						3.92 Asthma, Unspecified (5th digit			
□ 477.8 Allergic Rhinitis-other Allergen					_	nostic Skin Sensitization Tests (Te			
☐ 478.0 Hypertrophy Nas				⊔ \	07.1 Need	l for Desensitization (Immunuothe	rapy-9516	3)	
☐ Other:									
Physician ordering Allergy	Testing,	Signature:				Date:			