

Fauquier ENT Consultants Allergy Survey Form

Patient Name: _____ **Date of Birth:** _____ **Today's Date:** _____

• During what months do you have symptoms (Place X under each month)?

Winter		Spring			Summer			Fall			Winter
Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec

• When did your condition begin? _____

• Oral Medications:

	Claritin	Benadryl	Zyrtec	Allegra	Clarinet	Singulair	Xyzal	QDAll	Sudafed	Prednisone	Other
Which did not work for you either due to side effects or no change?											
Which helped some?											
Which helped a lot?											
Which are you on now?											

• Nasal Spray Medications:

	Saline Spray	Saline Flushes	Astelin/Astepro	Patanase	Atrovent	Omnaris	Flonase	Nasonex	Rhinocort	Nasacort	Veramyst
Which did not work for you either due to side effects or no change?											
Which helped some?											
Which helped a lot?											
Which are you on now?											

• Symptoms (circle all):

- Skin:** Eczema Hives
- Ears:** Popping Itching Hearing Loss Fluid in Ears Ear Infection Sense of Ear Fullness
- Throat:** Drainage Itchy Mouth Itchy Throat Throat Clearing Bloating Gas
- Eyes:** Redness Itching Tearing Puffiness
- Nose:** Clear Drainage Thick Drainage Nasal Itching Nasal Rubbing Stuffiness Sniffles Sneezing
- Congestion Mouth Breathing
- Chest:** Wheezing Dry Cough Wet Cough Daytime Cough Night Cough

• Overall Severity: (Mild / Moderate / Severe) (Continuous / Periodic / Rare) Interferes with Work

If you have had anaphylaxis, what triggered it if known? _____

• Please circle if you have any of the following:

Wood Stove

Carpet >50% of Home

Heat Delivered by Fan

Feather Pillow

Dog

Cat

Bird

Other Pet?: _____

• Do you have any of these medical conditions (circle)?

Asthma

Depression

Hypertension

Heart Problems

Pregnant

• Please check if you take any of these medications:

Asthma Inhalers or Nebulizers? How Often?

Beta blockers (ie, lopressor, propranolol, etc)

MAO Inhibitor Anti-Depressants (ie, nardil, emsam, marplan, parnate, etc)

Please list everything below that you can think of that triggers your symptoms (ie, mowing grass, animals, work environment, old house, dust, etc).