

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	Clarinex	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	Patanase	Atrovent	Nasarel	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 / Gas / Bloating
- Eyes:** Redness / Itching / Tearing / Puffiness
- Nose:** Clear Drainage / Thick Drainage / Nasal Itching or Rubbing / Stuffiness / Sniffles / Sneezing / Mouth Breathing / Congestion
- Chest:** Wheezing / Dry Cough / Wet Cough / Daytime Cough / Night Cough
- Overall Severity:** Mild / Moderate / Severe / Constant / 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 / Pets: Dog / Cat / Bird / Other: _____

• 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, propanolol, 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).