

Name:								
Allergy History								
Chief complaint:								
Present Medical Condition:								
Past Medical Condition:								
	SELF	MOTHER	FATHER	SIBLINGS	GRANDPARENTS	AUNTS	UNCLES	COUSINS
(MARK WITH AN "X" UNDER CORRESPONDING FAMILY MEMBER)								
Asthma								
Hay Fever								
Hives								
Vaccine Reaction								
Skin Rashes								
Food Aversion								
Sinusitus								
Runny Noses								
Frequent Colds								
Frequent Flus								
Dyspepsia								
Indigestion								
Mental Illness								
Heart Disorders								
Skin Disorders								
Tuberculosis								
Cancer								
Diabetes								
Rheumatic Disorder								
Glandular Disorder								
Yeast Infections								
When did your first allergy attack occur?								
Did your allergy first occur when you were an infant or a child, or did you first notice the symptoms after you were fully grown?								
Did it occur after going through a certain procedure such as dental or surgery?								
Circumstances surrounding and immediately preceding the first symptoms:								
Did you change your diet or go on a special diet?								
Did you eat something that you hadn't eaten perhaps for two or three months?								
Do you eat one type of food repeatedly, every day?								
Did the symptoms follow a childhood illness or any immunization for such an illness?								
Did they follow some other illness, such as influenza, pneumonia, viral infection or a major operation?								
Did the symptoms first appear at adolescence?								
Did the symptoms first appear after you had a baby?								
Were they first noticed after you acquired a cat, a dog, or even a bird?								

Did they appear after an automobile accident or any major physical or mental trauma?
Did they appear after a lengthy exposure to the sun, a day at the beach or 18 holes of golf?
Did they appear after receiving a gift for your birthday?
Or after starting to use a new pair of socks, pants, shirt, after-shave, wrist watch, leather belt, leather shoes, a chair, furniture, certain shampoo or cosmetics?
Did your symptoms begin after a new arrival in the house (a baby, a guest, or a pet)?
Do your symptoms occur during a certain time of year? When?
Do your symptoms occur on a certain day of the week? What are you doing that day?
Is there a time of day that you notice the symptoms?
Do you have food items you eat every or week?
Have you had any medical scratch testing done?
Have you had a Lymphocyte Response Assay done?
Have you had a RAST (Radioallergosorbant) test done?
Have you done elimination diets to discover foods that bother you?
Do you have a daily log of food and ingredients?