



BOULDER  
Allergy Clinic

Phone: 303.558-8808 ▪ Fax: 303.443.2784 ▪ [www.boulderallergyclinic.com](http://www.boulderallergyclinic.com)

## Allergy History Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

What is the main reason for you to have allergy skin testing? \_\_\_\_\_

*Check all that apply below and fill in information as needed.*

**CHECK the box and LIST your typical allergy symptoms: (For example: X Eyes: watery and itchy)**

- Eyes:
- Ears:
- Nose:
- Mouth:
- Skin:
- GI/GU:
- Other:

**Symptoms are:**

- Continuous
- Variable
- Year round
- Seasonal
  - winter
  - spring
  - fall
  - summer

**Symptoms worse:**

- Morning
- Night
- Don't change
- Outside
- Indoors

**Health:**

- Asthma
- Eczema
- History of Anaphylaxis
- History of Fainting

**Family history of allergies:**

- Mother
- Father
- Siblings
- Uncertain

**Do you currently smoke?**

- Yes
- No

**Home:**

- Type: Single family, townhouse, condo, apartment, or dorm room
- Age:
- History of Flood or Fire
- Carpet
- Windows are open at night

**Pets:**

- Dog
- Cat
- Horse
- Other:
- Sleep on your bed or in your bedroom

How long have you lived in Colorado? \_\_\_\_\_

If applicable, please describe your work environment: \_\_\_\_\_

Any known allergy to foods? YES/NO. If yes, then please list. \_\_\_\_\_

Any known allergy to animals? YES/NO. If yes, then please list. \_\_\_\_\_

**Please mark the situations that apply to you.**

\_\_\_\_\_ Symptoms aggravated by being outdoors (in general)

\_\_\_\_\_ Symptoms aggravated by being outdoors on windy days

\_\_\_\_\_ Symptoms aggravated in air conditioning

\_\_\_\_\_ Symptoms improved outdoors

\_\_\_\_\_ Nasal symptoms with little or no itching of the eyes

\_\_\_\_\_ Symptoms aggravated by being indoors

\_\_\_\_\_ Symptoms aggravated by dust (being around dust mites, dusting or sweeping)

\_\_\_\_\_ Symptoms aggravated by smelling or touching cut grass

\_\_\_\_\_ Symptoms increased in the fall months

\_\_\_\_\_ Aggravated by aromas of soaps, detergents, and cleaners

\_\_\_\_\_ Aggravated by animal exposure

\_\_\_\_\_ Symptoms aggravated by cigarette smoke

\_\_\_\_\_ Symptoms aggravated by exercise

\_\_\_\_\_ Symptoms aggravated by perfumes

\_\_\_\_\_ Symptoms aggravated by smoke/fumes

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