onsite allergy SOLUTIONS

DO YOU HAVE ALLERGIES? TEST RESULTS IN MINUTES.

Today's date: _____

Your name: _____

Symptoms (check all that apply):

- ☐ asthma
- ☐ hay fever
- ☐ itching skin
- ☐ cough
- ☐ congestion
- ☐ watery eyes
- ☐ hoarseness
- ☐ hives
- ☐ wheezing or sneezing
- ☐ voice loss
- ☐ eczema
- ☐ congestion
- ☐ runny nose
- ☐ hearing loss
- ☐ shortness of breath
- ☐ loss of smell
- ☐ bad breath
- ☐ frequent ear infections
- ☐ sinus infections
- ☐ dry eyes
- ☐ headaches
- ☐ muscle aches
- ☐ confusion, forgetfulness
- ☐ frequent throat clearing
- ☐ fatigue
- ☐ hyperactivity

Symptoms occur (circle one): Year-round Seasonal

When do symptoms occur? (circle all that apply):

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Worst month _____ Best Month _____

Has a change in locale affected your symptoms?

Y or N (circle one).

If yes, explain. _____

Which of the following appear to cause the allergy or asthma symptoms? (check all that apply):

- ☐ trees
- ☐ grass
- ☐ cats
- ☐ dogs
- ☐ temperature change
- ☐ birds
- ☐ soaps
- ☐ flowers
- ☐ exercise
- ☐ tobacco smoke
- ☐ spicy food
- ☐ dampness
- ☐ windy days
- ☐ household dust
- ☐ cosmetics/perfume

Have you used Cortisone, Prednisone, Kenalog, Decadron or other steroids? (list):

_____

_____

_____