

CENTA ALLERGIC HISTORY

Name _____ Age _____ Sex _____ Date _____

Symptoms _____

Prior allergy testing or shots: _____

Any known allergy to foods? YES/NO. **If yes**, what? _____

Any known allergy to smoke? YES/NO

Any known allergy to animals? YES/NO. **If yes**, what? _____

Please mark the situations that apply to your child:

A. SYMPTOMS OF POLLEN ALLERGY: (usually important in warm weather)

- Aggravated outdoors Aggravated on windy days
- Aggravated on clear days Aggravated outdoors in am
- Itchy eyes Itchy nose
- Improved indoors Improved in air conditioning
- Aggravated when going from an air-conditioned room to the open air

B. SYMPTOMS OF DUST ALLERGY: (more important in cold weather)

- Aggravated indoors Improved outdoors
- Increased within 30 minutes after going to bed
- Reoccur or increase each year with the return of cold weather
- Nasal symptoms with little or no itching of eyes
- Aggravated with air conditioning
- Increased when dusting or sweeping

C. SYMPTOMS OF MOLD ALLERGY:

- Aggravated outdoors early evening
- Increased by cool evening air (early evening)
- Aggravated while mowing or playing on grass
- Aggravated from mid-August to November
- Aggravated from fall to first frost

D. SYMPTOMS FROM SPECIFIC CONTACTS

- Aggravated in house after lights have been on about an hour
- Aggravated in a certain room? Which one _____
- React in a home with cats
- React in a home with dogs
- Aggravated in your house, but not in others

Please rate your child's symptoms 1-5 (#1 is low degree of symptom, #5 is high degree of symptom)

CIRCLE THE NUMBER

EYES: (itchy, watery, or swelling)	1	2	3	4	5
EARS: (itchy, draining or congested)	1	2	3	4	5
NOSE: (runny, or congested)	1	2	3	4	5
HEADACHES (allergy related)	1	2	3	4	5
POST NASAL DRIP	1	2	3	4	5
COUGH (allergy related)	1	2	3	4	5
SNEEZING	1	2	3	4	5