Crossville Location:
49 Cleveland St,
Suite 220
Crossville, TN 38555
Main: 931-219-9990
Fax: 931-717-1180

Oak Ridge Location
700 S. Illinois Ave, Suite
A104
Oak Ridge, TN 37830
Main: 865-383-0737
Fax: 865-383-0015

ALLERGY HISTORY FORM

Patient's Name: ________________________________ DOB: ________ Date: _____________

Address: ____ Phone #: ________________

What are your main allergy symptoms and concerns? _______________________________

____

Do you have any of these symptoms? (Please check all that apply)

□ Nasal congestion	□ Swollen lips or tongue	□ Coughing	□ Ear pressure
□ Sneezing	□ Scratchy throat	□ Shortness of Breath	□ Blocked ears
□ Runny nose	□ Itchy throat	□ Wheezing	□ Headaches
□ Hay fever	□ Post nasal drainage	□ Asthma	□ Heart burn
□ Sinus infections	□ Throat mucus/phlegm	□ Itchy skin	□ GERD (acid reflux)
□ Itchy eyes	□ Throat clearing	□ Hives	□ Stomach bloating
□ Swollen eyes	□ Throat tightness	□ Skin rashes	□ Abdominal cramping
□ Burning eyes	□ Swallowing difficulty	□ Eczema	□ Diarrhea
□ Mouth ulcers	□ Hoarseness	□ Itchy ears	

Are your allergy symptoms:

Year round? Yes____ No____

Seasonal? Yes____ No____ If yes, which months? ____________________________

Are your symptoms mostly indoors, outdoors, or both? ______________________________

Any reactions around cats? __________ dogs? __________ other animals? _______________

What medications have you tried for your allergy symptoms? _________________________

____

List all medications and supplements are you taking at the present time?

____

Have you had allergy skin or blood testing? Yes____ No____ If yes, when? _____________

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ALLERGY HISTORY FORM

What were the results? ____

Previous treatment with allergy shots? Yes___ No___

Previous treatment with allergy drops? Yes___ No ___

List any FOOD allergies and reactions experienced:

____

____

List any DRUG allergies and reactions experienced:

____

List any CHEMICAL sensitivities and reactions experienced: ___________________________

____

Are you a smoker? Yes____ No____ If yes, how much? _______________________________

Any family members with allergies? Yes____ No____ Any with asthma? Yes____ No___