

ENT Surgical Consultants

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ALLERGY HISTORY QUESTIONNAIRE (11/08)

Name: _____ Date: _____

Age: _____ Height: _____ Weight: _____ Referring MD: _____

Present Symptoms: _____

Have you had any treatments for this? _____

Please list your current medications: _____

What is your occupation: _____

Do you live in a home, townhome, apartment, other? _____

What is the approximate age of your current residence. _____

Do you have pets? Describe: _____

What kind of hobbies or recreational activities do you like to do? _____

Do you smoke? Y N Do you live with a smoker? Y N Does smoke bother you? Y N

Do you have any allergies to medication? List _____

Ears

- | | |
|---|---|
| Y N Do you have permanent hearing loss in one or both ears? | Y N Do you wear a hearing aid? |
| Y N Do you have drainage from one or both ears? | Y N Do you have any ear pain? |
| Y N Do you have Ringing in one or both ears? | Y N Do you experience dizziness? |
| Y N Are you bothered by itching or eczema of the ears? | Y N Do you experience fullness or popping in ears |
| Y N Do you get frequent middle ear infections? | |

Eyes

- | | |
|--|---|
| Y N Are you bothered by itching eyes? | Y N Do your eyelids become red and swollen? |
| Y N Do you have puffiness or dark circles under your eyes? | Y N Do you get eczema around your eyes? |
| Y N Do you have glaucoma? | Y N Are you bothered by watery eyes? |
| Y N Are you bothered by burning eyes/ | |

Nose

- | | |
|--|---|
| Y N Do you have drainage? Color _____ | Y N Do you have post nasal drip? |
| Y N Do you frequently bow your nose? _____ X per day | Y N Do you have fits of sneezing/ |
| Y N Does the inside of your nose itch often? | Y N Have you ever had nasal polyps removed? |
| Y N Do you use nasal sprays often? | Y N Does your nose become stuffy a lot? |
| Y N Do you have any loss of smell? | Y N Do you have any nasal obstructions? |
| Y N Have you had nasal or sinus surgery? | Y N Do you get frequent sinus infections? |

Mouth/Throat

- | | |
|--|--|
| Y N Do your lips swell at times? | Y N Do you have itching of the palate or throat? |
| Y N Are you troubled by cold sores? | Y N Do you clear your throat a lot? |
| Y N Does your tongue get swollen, reddened or sore at times? | Y N Do have choking sensations? |
| Y N Are you bothered by bad breath? | Y N Do you wake up with a dry throat? |
| Y N Do you have frequent sore throats? | Y N Do you have difficulty swallowing? |
| Y N Are you bothered by hoarseness? | Y N Do the glands in your neck become swollen often? |
| Y N Do you get oral thrush frequently? | |

Name: _____

Head

- | | |
|--|---------------------------------|
| Y N Do you have headaches due to sinus problems? | Y N Are you tired all the time? |
| Y N Have you ever had a migraine headache? | |
| Y N Do you have frequent headaches? If yes, how often _____ | |
| Y N Does anything make your headaches worse? List _____ | |
| Y N Are your headaches worse at the same time of day? When _____ | |
| Y N Are your headaches limited to any certain part of your head? Where _____ | |
| Y N Do you take medication for headaches? If yes, please list _____ | |

Chest

- | | |
|---|-------------------------------|
| Y N Do you have a chronic cough? Dry/ Congested | Y N Do you have asthma? |
| Y N Do you have frequent or chronic bronchitis? | Y N Do you use an inhaler? |
| Y N Are you short of breath? | Y N Do you have night sweats? |

Gastrointestinal

- | | |
|---|--|
| Y N Do you often belch after meals? | Y N Do you have bloating after meals? |
| Y N Do you have colitis? | Y N Do you have attacks of diarrhea after meals? |
| Y N Do you suffer from constipation? | Y N Do you have distress or indigestion after meals? |
| Y N Do you have anal itching? | Y N Are you often drowsy after meals? |
| Y N Are there any foods that disagree with you? If yes, please list _____ | |

Genitourinary

- | | |
|---|---|
| Y N Do you have frequent vaginitis or "yeast infections"? | Y N Do you have frequent jock itch? |
| Y N Are you pregnant now? | Y N Do you plan on pregnancy within the next few years? |

Skin, Joints and Muscles

- | | |
|--|--|
| Y N Are you troubled by acne? | Y N Are you prone to hives? |
| Y N Do you feel cold all the time? | Y N Do you have joint pain and swelling that fluctuates? |
| Y N Are your fingernails fragile, splitting and peeling? | Y N Do you have fungus on your hands or feet? |
| Y N Do you have arthritis? If yes, where _____ | |
| Y N Do you have eczema? If yes, where _____ | |
| Y N Do you have psoriasis? If yes, where _____ | |

Childhood History

- | | |
|--|--|
| Y N Did you have infant eczema? | Y N Did you have colic as an infant? |
| Y N Were you hyperactive as a child? | Y N Did you have asthma as a child? |
| Y N Did you have frequent ear infections? | Y N Did you have frequent or chronic coughs? |
| Y N Did you suffer from stomach aches, vomiting or diarrhea? | |

Family History (Have your parents or siblings had any of these)

- | | |
|-----------------------------|----------------|
| Y N Asthma? | Y N Hayfever |
| Y N Chronic sinus problems? | Y N Migraines? |

Environmental History

- | | |
|--|--|
| Y N Do you have mattress, boxspring & pillow allergy covers? | Y N Are you exposed to excessive amounts of dust? |
| Y N Are your symptoms worse while dusting your house? | Y N Are symptoms better when you are away from home? |
| Y N Are your symptoms worse after vacuuming the house? | Y N Do you have air conditioning at home? |
| Y N Do you sleep with a pillow? What type _____ | Y N Do you have air conditioning at work? |
| Y N Are you worse during a particular season? List _____ | Y N Is your mattress cotton? If no, what _____ |

Mold History

- | | |
|--|--|
| Y N Are your symptoms worse when mowing the lawn? | Y N Are your symptoms worse when raking leaves? |
| Y N Are your symptoms worse when in a damp basement? | Y N Are your symptoms worse in damp weather? |
| Y N Are your symptoms worse after drinking beer? | Y N Are your symptoms worse after eating cheese? |

Chemical Exposure

- | | |
|--|---|
| Y N Are you exposed to excessive amounts of chemicals? | Y N Are your symptoms worse in city air pollution? |
| Y N Are your symptoms worse when exposed to paint fumes? | Y N Do you have a gas stove? |
| Y N Do you have a gas furnace? | Y N Do you have an oil furnace? |
| Y N Are you worse when around wood smoke? | Y N Are symptoms worse after using powders/perfume? |
| Y N Are you bothered by other people's perfume? | Y N Are your symptoms worse in a beauty/barber salon? |

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Consent for Allergy Testing & Beta Blocker Check List (11/08)

Patient _____ (print name) DOB _____

YOU MAY NOT BE TESTED IF ON ANY OF THESE MEDS. CALL 725-1191 IMMEDIATELY!!

Beta Blocker Check List --THIS LIST IS NOT ALL --INCLUSIVE PLEASE CALL IF YOU HAVE QUESTIONS

Acebutolol HCL (Sectral)	Metroprolol HCL (Lopressor)
Atenolol (Tenormin)	Nadolol (Corgard)
Atenolol/Chlorthalidone (Tenoretic)	Nadolol & Bendroflumethiazide (Corzide)
Betaxolol HCL (Kerlone)	Penbutolol Sulfate (Levitol)
Bisoprolol (Zebeta)	Pindolol (Visken)
Bisoprolol Fumarate (Ziac)	Propranolol/Hydrochlorothiazide (Inderide)
Carteolol HCL (Cartrol)	Propranolol (Inderal)
Carvedilol (Coreg)	Sotalol (Betapace)
Esmolol HCL (Brevibloc)	Timolol Maleate (Blocadren)
Labetolol HCL (Trandate, Normodyne)	Timolol Maleate/Hydrochlorothiazide (Timolide)
Labetolol/Hydrochlorothiazide (Normozide)	
Metaprolol Succinate (Toprol XL)	

Topically Applied Beta Blockers

Betaxolol (Betoptic)	Metipranolol (Optipranolol)
Carteolol (Ocupress)	Timolol (Timoptic)
Levobunolol (Betagan)	

Beta Blockers Combined With Diuretics

Corzide Tablets	Tenoretic
Inderide LA	Timolide
Normozide Tablets	Trandate + HCT

MAO Inhibitors

Phenelzine Sulfate (Nardil)	Tranylcypromine (Parnate)
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_____ I have read the above list and am not currently taking any medications on the list.

_____ I have reviewed the above list and am currently on _____.

I understand that I need to let this office know if I start additional medications in the future, since it may affect my allergy testing and treatment.

I authorize the above named patient to receive allergy skin testing. I understand that the purpose of the testing is to produce an observable or detectable reaction in order to determine the type and degree of allergy for the patient tested. I further understand that there is a small risk of a more serious reaction from any allergy skin testing.

Patient or Guardian signature: _____ date: _____

ENT SURGICAL CONSULTANTS. LTD.
2201 Glenwood Avenue, Joliet, Illinois 60435
Phone: (815) 725-1191 Fax: (815) 725-1248

ALLERGY RELIEF MEDICATIONS (7/09)
IMPORTANT MEDICATION INSTRUCTIONS

You **must not take any antihistamines** for at least one week before your test. Antihistamines are allergy relief medications and WILL interfere with the results of your skin testing. Antihistamines are available over-the-counter and by prescription.

~ Do Not Take Medications Listed in the 3 Boxes Below ~

Acrivastine Allegra® Antivert® Astapro® Asteline® Atarax® Benadryl® Carbinoxamine Maleate Chlorpheniramine Maleate Chlor-Trimeton® Clarinex®	Claritin® Dimetane Diphenhydramine Doxepin hydrochloride Dramamine Meclizine hydrochloride Optimine Patanase® PBZ Periactin® Phenergan®	Polaramine Pripelennamine R-Tanna Sinequan Tavist® Temaril Thorazine® Vistaril® Xyzal® Zyrtec®
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Please avoid the following medications that are sold by prescription or over-the-counter:

- Over-the-counter sleep aids
- Appetite suppressant/diet medications
- Medications with the words “allergy relief” or “PM” (such as Tylenol PM®, Tylenol Sinus and Allergy®, Excedrin PM®, etc.)
- Eye drops (such as Pataday® , Patanol®, Visine-A®, Optivar®, Opcon-A®)
- Nasal sprays (such as Astelin® , Patanase® , Astepro®)

Please notify the ENT allergy department if you are taking any oral steroids, anti-depressants, or high blood pressure/cardiac type medications.

You may continue to take all other medications you have been taking, including:

- Sudafed® or pseudoephedrine (as long as there is no history of high blood pressure)
- Steroid nasal sprays (Flonase®, Nasonex®, Rhinocort®, Veramyst®, etc.)
- Guaifenesin (Robitussin®, Mucinex®, Humbid®, etc.)
- Pain medications – OTC and prescription (Single compound - Tylenol®, Excedrin®, Aleve®, Motrin®, aspirin)
- Leukotriene modifiers (Singulair®, Accolate®)
- All Asthma medications (Advair®, Albuterol, Atrovent®, Combivent®, Pulmicort®, etc.) If you need to use a nebulizer for acute symptoms within 24 hours prior testing, please call allergy department, after use.

**** Asthma patients please be sure to bring emergency rescue inhaler with you the day of testing.**

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ALLERGY SUPPORT RESOURCES (10-09)

Allergy & Asthma Network
Mothers of Asthmatics, Inc. Phone: 800-878-4403
3554 Chain Bridge Road, Suite 200, Fairfax, VA 22030
For more information about allergies, asthma, and environmental control for a healthy home.

Allergy & Asthma Information Center & Hotline
P.O. Box 1766, Rochester, NY 14603 Phone: 800-727-5400
For more information about allergies, asthma, and environmental control for a healthy home.

Allergy Asthma Technology, Ltd.
8224 Lehigh Avenue, Morton Grove, IL 60053 Phone: 800-621-5545, Fax: 847-966-3068, Web:
<http://www.allergyasthmatech.com>
Full line of Allergy and asthma home products.

American Academy of Allergy and Immunology
611 East Wells Street, Milwaukee, WI 53202 Phone: 800-822-2762
For more information about allergies, asthma, and environmental control for a healthy home.

American Academy of Environmental Medicine
4510 West 89th Street, Prairie Village, KS 66207 Phone: 913-648-6062
For more information about allergies, asthma, and environmental control for a healthy home.

American College of Allergy & Immunology
800 Northwest Highway, Suite 1080, Palatine, IL 60067-6516 Phone: 800-842-7777
For more information about allergies, asthma, and environmental control for a healthy home.

American Lung Association
1740 Broadway, New York, NY 10019 Phone: 800-586-4872 Web site: www.lungsusa.org
For more information about allergies, asthma, and environmental control for a healthy home.

Allergy Control Products, Inc.
96 Danbury Road, Ridgefield, CT 06877 Phone: 800-422-3878, Fax 203-431-8963 Web site: www.allergycontrol.com
Air cleaners, bed linens, vacuums, air filtration, cleaning products and respiratory products.

E.L. Foust Co., Inc.
P.O. Box 105, Elmhurst, IL 61026 Phone: 800-225-9549 or 630-834-4952, Fax: 630-834-5341 Web: www.foustco.com
Air purification products, vacuums, face masks, water filters and books on allergy.

Priorities, Allergy Relief and a Healthy Home
70 Walnut Street, Wellesley, MA 02181 Phone: 800-553-5398 Web site: www.priorities.com
For more information about allergies, asthma, and environmental control for a healthy home.

Research Products Corporation
P.O. Box 1467, Madison, WI 53701-1467 Phone: 800-545-2219, Fax: 608-257-4357
Maker of Space-Guard®, High efficiency air cleaners.

Air Cleaners Behind the Hype.
Consumer Reports. October, 2003.