ALLERGY & CLINICAL IMMUNOLOGY ASSOCIATES

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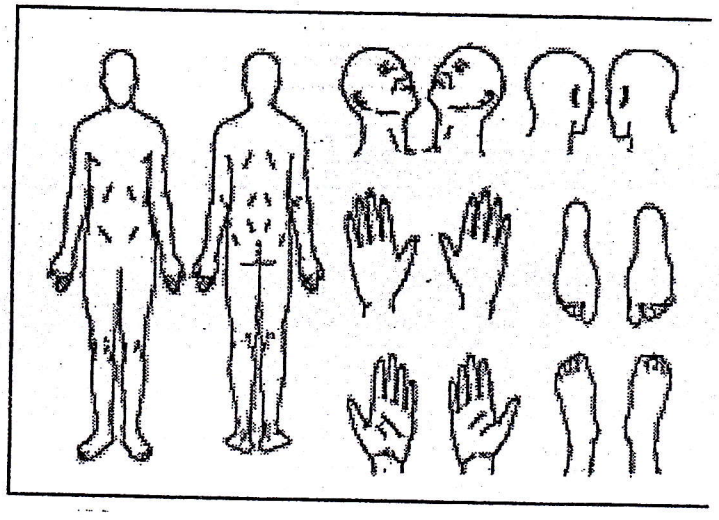
Patient name:_____ Date:_____

Patient age:_____ Sex: ☐ Male ☐ Female Occupation:_____

Race: ☐ White ☐ Hispanic ☐ Black/African-American ☐ Asian ☐ American Indian ☐ Other



Current Complaint:_____

_____

_____

Date of onset and/or duration:_____

AT ONSET:
On the diagram to the right, please draw x's on any areas affected ***at the onset.***

Severity: ☐ Mild ☐ Moderate ☐ Severe

NOW:
On the diagram to the right, please draw o's on any areas affected ***now.***

Severity: ☐ Mild ☐ Moderate ☐ Severe

Currently: ☐ Stable ☐ Increasing ☐ Decreasing

Worsens during: ☐ Work week ☐ Weekends Improves during: ☐ Weekend ☐ Holidays/vacations

Outbreak frequency: ☐ Weekly ☐ Monthly ☐ Annual ☐ Seasonal

Previous Outbreaks: ☐ No ☐ Yes, on date(s) :_____

Self-treat: ☐ No ☐ Yes Physician treat: ☐ No ☐ Yes, on date(s):_____

Sports/Hobbies: ☐ Golf ☐ Skiing ☐ Baseball ☐ Running/hiking ☐ Tennis/raquetball

☐ Basketball ☐ Football ☐ Sewing ☐ Paper crafts ☐ Home repairs ☐ Knitting/needlework

☐ Ceramics ☐ Guitar ☐ Piano ☐ Painting ☐ Computers ☐ Woodworking

☐ Other instruments:_____ ☐ Photography ☐ Other_____

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Once a year ☐ Rarely

Duration:_____ Equipment/Materials used:_____

_____

Symptoms noticed in sports/hobbies:_____

Personal Care Product Frequency of Use and Type or Brand:

Symptoms noticed with personal care:_____

☐ Handwashing :_____ Soap:_____

☐ Bathing :_____ Soap:_____

☐ Lotion :_____ ☐ Creme:_____

☐ Deodorant :_____ ☐ Body wash :_____

☐ Perfume :_____ ☐ Aftershave:_____

☐ Shaving cream :_____ ☐ Hair coloring:_____

☐ Toothpaste :_____ ☐ Mouthwash:_____

☐ Shampoo :_____ ☐ Conditioner:_____

☐ Hair styling aids:_____ ☐ Nail polish:_____