

URTICARIA (HIVES)

Have you ever had hives: Yes ____ No ____

Age of onset of earliest symptoms _____

Frequency

Daily	Yes ____ No ____
Weekly	Yes ____ No ____
Monthly	Yes ____ No ____
Other	_____

Location:

Face	Yes ____ No ____
Trunk	Yes ____ No ____
Arms	Yes ____ No ____
Legs	Yes ____ No ____
Hands	Yes ____ No ____
Feet	Yes ____ No ____
Other	_____

Are hives small Yes ____ No ____

Are hives large Yes ____ No ____

Is there associated swelling Yes ____ No ____

Breathing difficulties Yes ____ No ____

Are there any family members with hives or swelling attacks Yes ____ No ____

Do you have dental problems Yes ____ No ____

List all known or suspected things that cause hives, including foods: _____

List all soaps used, oils, skin lotions, creams, etc. _____

FOOD ALLERGY

Are you allergic to any foods Yes ____ No ____

Please list:

Food	Date	Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSECT SENSITIVITY

Have you ever had severe reaction from insect stings or bites? Yes ____ No ____

Was the bite or sting from:

Mosquito ____ Bee ____ Wasp ____

Bumble Bee ____ Yellow Jacket ____

Sweat Bee ____ Hornet ____

Other _____

Description of symptoms:

Swelling: Mild ____ Moderate ____ Generalized ____

Breathing Difficulties Yes ____ No ____

Hives Yes ____ No ____

Fainting Yes ____ No ____

Other symptoms _____

BRONCHIAL ASTHMA

(Chest congestion, wheezing)

Age of onset of earliest symptoms _____

Description of symptoms:

Wheezing	Yes ____ No ____
Tightness in chest	Yes ____ No ____
Cough	Yes ____ No ____
Dry	Yes ____ No ____
Productive	Yes ____ No ____
Amount	_____
Daily	Yes ____ No ____
Periodic	Yes ____ No ____
Worst during day	Yes ____ No ____
Worst during night	Yes ____ No ____
Chest pain	Yes ____ No ____
Shortness of breath	Yes ____ No ____
with exercise	Yes ____ No ____
with rest	Yes ____ No ____
with cold air	Yes ____ No ____

Frequency of asthma symptoms:

Daily ____ Weekly ____ Monthly ____

Are symptoms getting:

Worse ____ Better ____ Staying same ____

Is Asthma all year round?

Worse in fall ____ Worse in winter ____

Worse in spring ____ Worse in summer ____

Is Asthma aggravated by:

Infections	Yes ____ No ____
Housedust	Yes ____ No ____
Cold weather	Yes ____ No ____
Dampness	Yes ____ No ____
Every infection	Yes ____ No ____
Outside dust	Yes ____ No ____
Hot weather	Yes ____ No ____
High humidity	Yes ____ No ____
Animal exposure	Yes ____ No ____
Other	Yes ____ No ____

List medications now taken for asthma:

Do you have any problem with the following:

_____ MSG (Chinese Food)

_____ Preservatives

_____ Menthol

_____ Alcohol

_____ Sulfites