PATIENT ALLERGY HEALTH HISTORY

Brother/Sister (circle) Brother/Sister (circle) Brother/Sister (circle) Brother/Sister (circle)



PATIENT NAME:

Allergy testing material is not covered by your provincial health plan The fee for allergy testing is \$60 (for contact patch testing it is \$97)

Family Doctor:					
Why are you are seeing us today - please be more specific than 'Allergy Test':					
Have you had allergy testing before? If yes, when and what were the results? ENVIRONMENTAL HISTORY					
Current pets? Please pu	t number and for	How long have you lived in A	lhorta?	It occupation (this may	impact allergies):
how long: Cat How many? Dog How many?	Years? Years?	Other areas of out of province		ou smoke?	
Other animals? Do pets sleep in your bedroom? Yes No		If your child is the patient, does s/he live in a second home i.e. separated parents? Yes No		nacco Yes nabis <u>daily</u> Yes	No No
				Smokers living with you? Yes No	
		MEDICAT	IONS		
Are you allergic to any medications? Yes No				Do you have an Epipen?	Yes No
If yes, please list:					
What are your current medications? (please be more specific than 'Inhalers' or 'creams')					
FAMILY HISTORY – only check boxes if positive. You do not need to fill each square					
	Seasonal or Animal Allergies	Food Allergy diagnosed by physician	Asthma	Eczema	Drug Allergy
Mother					
Father					