Clinical Paradigms

Allergy History

Please check / circle next to signs/symptoms that you have experienced.		
Neuropsychiatric (Screen for Neuropathies and Mood Disorders)	o Headache disorders	
	o Mood disorders (anxiety and/ or depression?	
	o Pain syndrome	
	o Tingling /Paresthesias /Weakness	
	o Difficulty with concentration?	
	o Difficulty with memory?	
	o Difficulty with balance?	
Eyes/ Ears/ Nose / Sinuses/Throat	o Watery runny nose, Sneezing fits?	
	o Nasal obstruction?	
	o Itchy nose?	
	o feeling of being unable to breathe through your nose??	
	o mucus in the back of your throat / "post nasal drip"? fullness /pain in ears ?	
	o Watery, Itchy eyes?	
Lungs (Asthma Screen)	o Have you had any trouble breathing?	
	o Feeling short of breath?	
	o Episodes of coughing?	
	o Episodes of wheezing?	
	o Have you ever been given an inhaler by a doctor to help your breathing?	
Gastrointestinal Tract (Irritable Bowel Syndrome Screen)	o Have discomfort or pain anywhere in your abdomen?	
	o Do you have more frequent bowel movements or episode of diarrhea and/or constipation?	
	o Do you experience bloating or abdominal distension, after eating?	
	o Do you have to rush to the bathroom because ofa sudden urge to have a bowel movement?	
Uro-genital Tract (Screen for Interstitial Cystitis)	o Do you have pain in your bladder or pelvis (vagina, lower abdomen, urethra, perineum)?	
	o Do you have pain or urge to urinate?	
	o Do you get out of bed to urinate?	
Screening for Urogenital	o For women: do you experience dyspareunia (pain during or after sexual intercourse), recurrent bouts of vaginitis or cope with heavy/sporadic vaginal bleeding?	

Clinical Paradigms

Problems in Females		
Skin	o Do you experience urticaria (hives)?	
	o Do you experience angioedema (swelling of the tongue, lips, hands, feet)?	
	o Do you experience pruritis (itch without rash)?	
	o Do you experience or flushing (redness, heat sensation of the skin)?	
Cardiovascular	o Do you experience palpitations or extra heartbeats?	
	o Do you experience episodes of low blood pressure?	
	o Do you experience episodes of lightheadedness or nearly fainting?	
Musculoskeletal System / Joints	o Do you experience increase joint pain or swelling? o Do you experience increase muscle cramps? o Do you experience muscle weakness?	
Anaphylaxis	o Have you ever been treated for anaphylaxis?	
	o Have you ever been prescribed an epinephrine auto-injector?	

The next set of questions are design to figure out if and why your mast cells are misbehaving (mast cell activation triggers).

Allergy History

Have you ever been diagnosed with asthma, allergic rhinitis (hay fever "allergies"), or eczema?	__Yes	__No
When you were a young child, did you have allergies, asthma, or eczema?	__Yes	__No
Have you ever had allergy immunotherapy/shots?	__Yes	__No
Have you ever had a reaction to food? Which: Nuts / Shellfish / Fresh Fruit / Soy / Wheat	__Yes	__No
Have you ever had a reaction to latex?	__Yes	__No
Have you ever had a reaction to insect sting, including large local skin reactions?	__Yes	__No
Have you ever been allergy tested, skin or blood? Allergic to pollen/dust/mold/animals	__Yes	__No

Clinical Paradigms

Triggers: Exposures that make your symptoms worse (Check all that apply)

What happens? Place a "**B**" breathing troubles; "**G**", Gastrointestinal upset; "**H**" Headache; "**R**", Rash

___House Cleaning ___Making the bed ___Lawn mowing ___Raking Leaves ___Moldy or damp areas ___Clear weather ___Colds / flu-like symptoms ___Smoke ___Perfumes ___Hair sprays ___Soap powders ___Laughing or crying ___Exercise	___Being outdoors ___Being indoors ___Cool air ___Warm air ___Cat dander ___Dog dander ___Other animals _____ ___Anesthesia ___Aspirin	___Ibuprofen (Advil/Motrin) ___Naprosyn (Aleve) ___Lying down ___Infections ___Codeine ___Opioids	___Getting up in the morning ___for women: menstrual period
Adverse Reactions to Foods?	☐ Monosodium glutamate (MSG) ☐ Aspartame (Nutrasweet) ☐ Caffeine ☐ Bananas ☐ Garlic ☐ Onion ☐ Cheese ☐ Wheat ☐ Cow's Milk ☐ Peanuts ☐ Tree Nuts ☐ Fish ☐ Shellfish ☐ Fresh Fruit _which ones?_____ (apples, peaches, cherries, melons, strawberries) ☐ left-over food - reheated ☐ Citrus Foods ☐ Chocolate ☐ Alcohol ☐ Red Wine ☐ Sulfite Containing Foods (wine, dried fruit, salad bars) ☐ Preservatives (ex. sodium benzoate) ☐ Other:		

Clinical Paradigms

Screening for breathing difficulties: Please Answer the following Questions:

Have you ever had trouble with your breathing? (continuously or repeatedly)	**Yes** **No**
Have you had an attack/episode of shortness of breath at any time in the last 12 months?	**Yes** **No**
Have you had wheezing or whistling in your chest at any time in the last 12 months?	**Yes** **No**
Have you been awakened during the night by an attack of any of the following symptoms in the last 12 months: (a) cough? (b) chest tightness?	**Yes No**
Have you been given an inhaler by a doctor to help your breathing?	**Yes** **No**

When was the testing_____, (circle blood tests or skin testing) and what were you allergic to? foods_____
Airborne _____

PLEASE LIST ALL DRUG AND HERBAL ALLERGIES, INCLUDING THINGS LIKE RED DYE, SULFA DRUGS, etc.

_____
_____
_____
_____
_____