## <u>Patient Questionnaire(PLEASE COMPLETE BOTH SIDES):</u> In order to comply with federal guidelines I must collect your response to the following questions.

Name: With what race do you identify (please select one)? (The choices are dictated by the criteria adopted by the U.S. Census. Hispanic is designated as an ethnicity rather than a race.) ☐ African or African American ☐ Asian or Asian American ☐ Caucasian or European American □ Native American or Native Alaskan □ Native Hawaiian or other Pacific Islander □ Other \_\_\_\_ Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ Decline to state What is your preferred language? \_\_\_\_\_ **TOBACCO USE:** Do you use tobacco? ..... ☐ Yes □ No Have you ever used tobacco? ☐ Yes □ No ☐ Chew - #/day ☐ Pipe - #/day ☐ Cigars - #/day ☐ Cigarettes - Pks/day □ # of Years

☐ Year Quit \_\_\_\_

## **ALLERGIES:**

For each allergy please list:

- 1. The location of the reaction (and the reaction):
  - a. Skin (local rash, rash all over, itchiness, patchy swelling, facial swelling, hives)
  - b. Local (runny nose, cough, conjunctivitis/eye inflammation)
  - c. Abdominal (pain/cramping, bloating/gas, vomiting, diarrhea, nausea)
  - d. Systemic/anaphylactic (shortness of breath, wheezing, tongue swelling, difficulty speaking or swallowing, dizziness/light headedness, loss of consciousness, chest pain, irregular heartbeat, fast heartbeat, slow heartbeat, breathing distress)
- 2. Severity of the reaction (very mild, mild, moderate, severe)

Food allergy examples: Dairy, egg, wheat/gluten, peanuts, other nuts, shellfish, soy

Environmental allergy examples: dust, pollen, animal dander, dust mites, insect stings, mold, latex.

Allergen (Drug name/ Food/ Environmental factor)	Location (Skin/Local/Abd/Systemic)	Reaction (see above)	Severity (very mild/mild/ moderate/severe)