

## MEDICAL QUESTIONNAIRE

Dear patient!

**Have you been here before? Please let us know at reception.**

Please fill out the questionnaire before your appointment. It will help us to evaluate your allergy symptoms quickly.

Data of the patient		Date: .....
<b>NAME:</b> .....		
Date of birth: .....	Health insurance number: .....	Insurance institution: .....
Phone: .....	E-mail: .....	
Address: .....		
Current occupation/profession: .....		
Place of employment: .....		

If the patient is co-insured - data of the insured person:		
<b>NAME:</b> .....		
Date of birth: .....	Health insurance number: .....	Insurance institution: .....
Place of employment: .....		

- Have you been previously evaluated for allergies?
  - ☐ No
  - ☐ Yes, **where:** ....., **when:** .....

The following **allergies** were found: .....

- **Reasons for visit:**

<input type="radio"/> coughing	<input type="radio"/> itchy eyes	<input type="radio"/> digestive problems
<input type="radio"/> breathing difficulty	<input type="radio"/> swollen eyelids	<input type="radio"/> others:
<input type="radio"/> running nose	<input type="radio"/> itchy palate	<input type="radio"/> .....
<input type="radio"/> sneezing	<input type="radio"/> itchy skin	<input type="radio"/> .....
<input type="radio"/> stuffy nose	<input type="radio"/> skin rash	<input type="radio"/> .....

- **When did symptoms begin?** .....

- **Are your symptoms:** ☐ seasonal\* ☐ all year long

*\*circle worst months:*

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

- **When/where are your symptoms worst?**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="radio"/> all day long    | <input type="radio"/> in the evening        | <input type="radio"/> after the meal                     |
| <input type="radio"/> in the morning  | <input type="radio"/> at night              | <input type="radio"/> at different times:                |
| <input type="radio"/> at noon         |   | .....  |
| <input type="radio"/> at home         | <input type="radio"/> at work               | <input type="radio"/> after consumption of certain food: |
| <input type="radio"/> in the open air | <input type="radio"/> during this activity: | .....  |
|                                       | .....                                       | .....  |

- Did you ever have severe symptoms in connection with:
  - ☐ food
  - ☐ medication
  - ☐ insect stings
  - ☐ costume jewellery
  - ☐ vaccinations
  - ☐ others: .....
- Do you, or does anyone living with you, smoke?
  - ☐ No, I don't.
  - ☐ Yes, at most ..... cigarettes a day.
  - ☐ Yes, I live in a smoking household.
- Do you have any **pets** or contact with **animals**?
  - ☐ No
  - ☐ Yes: .....
- What symptoms do you have in contact with a pet?
  - ☐ None
  - ☐ Yes: .....
- Do you have **plants** at your home/work?
  - ☐ No
  - ☐ Yes: .....
- Is your flat/house infested with **mould**?
  - ☐ No
  - ☐ Yes
- What does your **mattress** consist of: ..... (e.g. latex, horsehair, spring, ..)
- What does your **bedding** consist of: ..... (e.g. wild silk, sheep wool, feathers, ..)
- Do you have any contact with **irritating or toxic substances**?
  - ☐ No
  - ☐ Yes: .....
- Does anyone in your family suffer from an allergy (parents, siblings, grandparents)?
  - ☐ No
  - ☐ Yes: .....
- **Do you were diagnosed with hepatitis/HIV?**
  - ☐ No
  - ☐ Yes
- **Do you suffer from any other disease** (e.g. high blood pressure, thyroid disease, glaucoma, ...)
  - ☐ No
  - ☐ Yes: .....
- Please list **all medications**, including allergy and non-allergy medications:
  - ☐ allergy: .....
  - ☐ non-allergy: .....
- **Women:** Are you currently pregnant? ☐ Yes ☐ No  
 Do you breastfeed? ☐ Yes ☐ No
- During the **blood test** would you like to:
  - ☐ sit or
  - ☐ lie down

**PLEASE NOTE:** The medical report will be sent to your doctor several days after your **second** visit (discussion of results). Should **you** require an additional medical report too (for sending by post please deposit postal charges for the stamp; download also possible via text message), please let us know at reception.