

Latex Allergy Questionnaire

PATIENT NAME: _____

PATIENT ADDRESS: _____

DATE OF BIRTH: _____

MALE

FEMALE

		<u>YES</u>	<u>NO</u>
1.	Have you ever had allergies, asthma, hay fever, eczema, or problems with rashes?		
2.	Have you ever had respiratory distress, rapid heart rate, or swelling?		
3.	Have you ever had swelling, itching, hives, or other symptoms after contact with a balloon?		
4.	Have you ever had swelling, itching, hives, or other symptoms after a dental examination or procedure?		
5.	Have you ever had swelling, itching, hives, or other symptoms following a vaginal or rectal examination or after contact with a diaphragm or condom?		
6.	Have you ever had swelling, itching, hives, or other symptoms during or within one hour after wearing rubber gloves?		
7.	Have you ever had a rash on your hands that lasted longer than one week?		
8.	Have you ever had swelling, itching, hives, runny nose, eye irritation, wheezing, or asthma after contact with any latex or rubber product?		
9.	Have you ever had swelling, itching, hives or other symptoms after being examined by someone wearing rubber or latex gloves?		
10.	Has a physician ever told you that you had rubber or latex allergy?		
11.	Are you allergic to bananas, papaya, avocados, kiwifruits, other stone fruits, tomatoes, raw potatoes, or chestnuts?		
12.	Have you ever had an unexplained anaphylactic episode? If so, please describe:		

 Patient Signature:

 Date:

 Reviewed By:

 Date: