

Michael M. Miller, M.D.

Allergy, Asthma & Immunology

1114 Weisgarber Road

Knoxville, Tennessee 37909

615-688-1833

ALLERGY SKIN RASH & SWELLING QUESTIONNAIRE

INSTRUCTIONS: Carefully complete in full. Accuracy and thoroughness are essential. Print all answers. Relate answers to your own experience, not to previous advice or skin tests. Fill out and handcarry for appointment. ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL.

Name Address City State Zip Code

Age Sex Occupation Second Job Telephone Date

Family physician or pediatrician: Name Address

Referred by: Self, Friend Name Address Physician Name Address

STATE PROBLEM(S) YOU WISH TO DISCUSS:

PLEASE DESCRIBE YOUR SYMPTOMS BY CIRCLING THE APPROPRIATE ANSWER.

I. TYPE SKIN PROBLEM:

A. RASH: on Arms - Legs - Trunk - Face

B. SWELLING: on Eyes - Lips - Hands - Feet

C. OTHER: Please describe:

II. DESCRIPTION OF SKIN PROBLEM:

A. Character: Itches - Burns - Tender

B. When did this first begin: Days Weeks Months Years Ago

C. How often does it occur: Daily - Sporadic - times/wk. - mo. - yr.

D. How long does it take for an individual spot to disappear

1. without using medications: hours, days

2. with using medications: hours, days

III. OTHER SYMPTOMS ASSOCIATED WITH THESE EPISODES:

None - Wheezing - Throat Tightness - Loss of Voice - Nasal Symptoms - Eye Symptoms - Joint Pains - Fever - Chills - Weakness - Diarrhea - Nausea - Vomiting - Weight Loss lbs. - Other

IV. WHEN DOES IT OCCUR?

Is there a pattern when your rash seems to appear? Yes No

Is it: DAYTIME - NIGHT - MORNING - WEEKDAYS - WEEKENDS

Periodically with a pattern? (e.g.: every other day, every Saturday, every Monday):

Explain

V. WHERE DO YOUR PROBLEMS SEEM TO BE WORSE:

No Special Place - At Home - At Work - Other Places - Specify

In a particular room of the house. YES NO If so, where?

Does it occur more frequently inside? YES - NO

Does it occur more frequently outside? YES - NO

Does it occur both inside and outside? YES - NO

VI. WHICH OF THE FOLLOWING FACTORS SEEM TO MAKE YOUR SYMPTOMS WORSE?

Sweating - Vigorous Exercise - Hot Showers - Cold Exposure - Sleep - Scratching - Pressure on Skin - Sunlight Exposure - Stress - Emotional Upset - Menstrual Periods - Insect Stings - Foods - Medications - None - Other:

Please Explain:

VII. MEDICATION EXPOSURE AT TIME OF BEGINNING OF SYMPTOMS:

List all medications (including aspirin, bufferin, suppositories, laxatives, and antacids, etc.) which were taken during the two weeks prior to the onset of initial symptoms.

VIII. CURRENT MEDICATIONS:

List all medications taken within the last week (including aspirin, bufferin, suppositories, laxatives, and antacids).

IX. MEDICATIONS WHICH PROVIDE RELIEF:

X. COSMETICS USED:

List all cosmetics used and place an asterisk before any new, newly added cosmetic which has been added within a short period of time before the rash started.

XI. MISCELLANEOUS:

1. Do you use fabric softeners? YES - NO
If so, which? _____
2. Have you had any recent X-ray studies requiring the injection of dye into your body? YES - NO If so, when and what type of study? _____
3. Have you traveled out of the country in the past one year? YES - NO If so, list the countries visited _____
4. Do you have any indoor pets? YES - NO What kind? _____
5. Do you have a history of asthma or hay fever? YES - NO _____
6. Do you have an allergy to insect stings? YES - NO If so, what kind? _____
7. Do you have any known stressful factors in your life which you think may effect your problem at present?
YES - NO If so, please describe or discuss with me during your visit. _____

XII. DRUG ALLERGY:

List any medications to which you are allergic.

XIII. OTHER MEDICAL PROBLEMS:

Have you had any recent medical problems involving your heart, lungs, kidneys, or liver? YES - NO If so, please explain. _____

XIV. ENVIRONMENT: Please circle answer:

Pillow: Foam - Feather - Dacron - Other: _____
Bed: Water - Innerspring - Foam - Other: _____

PLEASE HANDCARRY THIS COMPLETED QUESTIONNAIRE WITH YOU TO YOUR APPOINTMENT. DO NOT MAIL!

OFFICE USE ONLY:

B.P. _____ Pulse _____ Wt. _____ Ht. _____