



EAR • NOSE • THROAT
& Plastic Surgery Specialists

A. DANNY YAISH, D. O.
130 Warren Street, Suite 130
Beaver Dam, WI 53916
920.885.5225

4200 Savannah Drive
DeForest, WI 53532
608.417.3326

BOARD CERTIFICATION
Otolaryngology
Facial Plastic Surgery
Sleep Medicine

ALLERGY HISTORY FORM

NAME: _____ DATE: _____ DOB: _____

1. Have you ever been allergy tested before? _____ When? _____

- Were you ever on allergy shots? _____
- For how long? _____
- What type of testing-scratch, prick, or intradermal skin testing? _____

2. Have you ever had sinus surgery? _____ When? _____

3. Do you have pets or exposure to pets on a regular basis? _____

- What type of pet(s)? _____

4. How old is your dwelling? _____

- Have you seen mold in the dwelling? _____
- Has your dwelling ever been tested for mold? _____
- What type of heating system do you have? (Gas, electric, oil etc.) _____
- Do you have air conditioning? _____
- Do you have an air-purifier or humidifier? _____

5. Do you have carpets, upholstered furniture, and/or heavy drapes in your dwelling? _____

6. What do you do for a living? _____

- What is your work environment like? (i.e. ventilation system, dust, mold, etc)

7. Do you have wheezing or diagnosed asthma? _____ What medications do you use?

8. Do you get hives or have chronic skin rashes/eczema?

9. Do you have any food allergies that you know of? _____

13. Have you ever had hives or anaphylaxis (difficulty breathing, throat or tongue swelling) after eating a certain food? _____

- If so, what food? _____

14. Do you often have diarrhea, gas, heartburn, nausea, vomiting, and/or chronic abdominal pain?

- Do you notice increase in these symptoms after eating a certain food? _____

- What foods? _____

15. Do you ever have persistent food cravings of a certain kind of food? If so, what?

16. What medications have you tried for your allergy symptoms? _____

17. What medications seem to relieve/improve your allergy symptoms? _____
