



LATEX ALLERGY QUESTIONNAIRE

1. Has a physician ever told you that you have a latex allergy? Yes No
2. After exposure to latex or rubber products, have you ever had respiratory distress, wheezing, asthma, runny nose, eye irritation, rapid heart rate or swelling? Yes No
3. Have you ever had an allergic reaction, such as swelling, itching, hives or other allergic symptoms?
- a. After contact with latex or rubber products, such as balloons, erasers, rubber bands, rubber balls, pillows, elastic dressings, bandages, elastic waistbands on underwear Yes No
 - b. After a dental examination or procedure Yes No
 - c. After a vaginal or rectal examination Yes No
 - d. After contact with condoms or a diaphragm Yes No
 - e. After being examined by someone wearing rubber or latex gloves Yes No
4. Have you ever had an unexplained life threatening allergic reaction such as breathing problems, tongue and/or face swelling, throat swelling, difficulty swallowing? Yes No
5. Starting at an early age, did you have a history of multiple surgeries, for example: Spina Bifida, urinary malformations? Yes No
6. Are you allergic to any of the following foods? Yes No
- | | | |
|----------|------------------------------|-----------------------------|
| Avocado | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Banana | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chestnut | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kiwi | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Papaya | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Peaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Potatoes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Patient Signature: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____

Patient Signature: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____

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