

### Latex Allergy Questionnaire

Patient \_\_\_\_\_

DOS: \_\_\_\_\_

Physician \_\_\_\_\_

1. Have you ever been diagnosed with a latex allergy by a physician? Yes    No  
 If yes, when? \_\_\_\_\_ How were you diagnosed \_\_\_\_\_
  
2. Have you ever had swelling, itching, hives, redness, irritation, wheezing, or other symptoms:
 

after contact with latex or rubber products ?	Yes	No
after contact with a balloon?	Yes	No
after any exam or procedure?	Yes	No
after using a diaphragm or condom ?	Yes	No
after wearing rubber gloves for one hour?	Yes	No
after wearing elastic or stretch clothing	Yes	No
  
3. Have you ever had an undiagnosed rash for longer than one week ? Yes    No
  
4. Are you allergic to bananas, papaya, avocados, kiwifruits, tomatoes, raw potatoes, chestnuts, or poinsettia? Yes    No
  
5. Have you ever had allergies, asthma, hay fever, eczema, or problems with rashes? Yes    No
  
6. Have you ever had any unexplained respiratory distress, rapid heart rate, swelling, or anaphylactic episode?  
 Yes    No
  
7. Do you have any lifestyle changes due to latex sensitivity? Yes    No

If yes to any answer above, please describe \_\_\_\_\_

\_\_\_\_\_