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SKIN ALLERGY QUESTIONNAIRE

Please try to answer these questions accurately as the information is of considerable importance to your allergist in the evaluation of the questions, check with the nurse.

- 1. When (month and year) did you first start having skin rash, eczema, hives, etc.?
2. What part or parts of your body have been involved?
3. Did the trouble ever involve the palms of the hands or soles of the feet? Please check Yes No
4. Are you troubled with itching? Please check Yes No
5. Have you noticed that emotional upset, nervousness, or tensions seems to bring on your rash or itching fairly consistently? Please check and specify Yes No
6. Are you aware of any particular food or foods that seem to bring on your rash or itching fairly consistently? Please check and specify Yes No
7. Are you aware of any drug or patent medicines (including aspirin, Insulin, hormones, vitamins, etc.) that seem to bring on you rash or itching fairly consistently? Please check and specify Yes No
8. Are you aware of anything you come in contact with such as wool, grass, nylon, silk, dyes, cosmetics, sprays, metals, plants, cement, paints, soaps, detergents, solvents, chemicals, etc., that seem to bring on you rash or itching fairly consistently? Please check and specify Yes No
9. Have you suspected anything else as a cause of your rash or itching? Please check and specify Yes No
10. Have you has any chronic infection such as sinus, teeth, kidneys, bladder, or skin? Please check and specify Yes No
11. Have you ever had any tropical diseases or parasitic diseases such as tapeworm, whipworm, hookworm, Amebiasis, or Amebis dysentery? Please check and specify Yes No