

Virgin Islands Ear Nose and Throat

Paragon Medical Building - Suite 308
9149 Estate Thomas, Charlotte Amalie
St. Thomas, VI 00802

Allergy Questionnaire

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Gender: ___ Male ___ Female Date of Birth: _____ Age: _____

Allergy Symptoms

Do you have any of the following symptoms?

Ear, Nose, and Throat

- Sneezing and/or nasal itchiness Yes No
- Water nasal drainage Yes No
- Nasal congestion, blockage, and stuffiness Yes No
- Post-nasal drip Yes No
- Thick, cloudy, mucus discharge Yes No
- Frequent "sinus" problems and/or infections Yes No
- Frequent colds Yes No
- Loss of smell Yes No
- Recurrent sore throats Yes No
- Itching of mouth, throat and/or palate Yes No
- Swelling of tongue, lips and/or palate Yes No
- Recurrent hoarseness and/or laryngitis Yes No
- Recurrent ear infections Yes No
- Popping or fullness in the ears Yes No
- Hearing loss Yes No
- Itching ears Yes No

Eyes

- Eye itchiness, watering, redness Yes No
- Swelling or puffiness around the eyes Yes No

Chest

- Chronic dry cough Yes No
- Chest tightness, congestion,
and/or shortness of breath Yes No
- Asthma (wheezing) Yes No
- Asthma present only with exercise Yes No
- Frequent pneumonia and/or bronchitis Yes No

Skin/Joints

- Eczema Yes No
- Hives/urticaria Yes No
- Allergic skin reactions (swelling) Yes No
- Itchiness Yes No
- Muscle or joint pain and/or vomiting Yes No

Gastro-Intestinal

- Indigestion, belching, gas, heartburn Yes No
- Bloating Yes No
- Diarrhea Yes No
- Constipation Yes No
- Nausea and/or vomiting Yes No

General

- Dizziness, unsteadiness, or light-headedness Yes No
- Chronic headaches/migraines Yes No
- Depression, anxiety or tension Yes No
- Chronic fatigue or tiredness Yes No
- Difficulty concentrating Yes No
- Hyperactivity Yes No