

Allergy Clinic Patient Intake Questionnaire Sample

Our **allergy clinic patient intake questionnaire** sample helps streamline the process of collecting essential medical information from new patients. It ensures accurate documentation of allergy history, symptoms, and triggers to provide personalized care. This comprehensive form enhances the efficiency and effectiveness of allergy assessments.

Patient Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Allergy History

Known Allergies (please list):

Types of Allergies:

☐ Food

☐ Medication

☐ Environmental

☐ Insect Stings

☐ Other

Symptoms & Triggers

Common Symptoms Experienced (check all that apply):

☐ Rash/Hives

☐ Runny Nose

☐ Itchy Eyes

☐ Cough/Wheezing

☐ Swelling

☐ Anaphylaxis

☐ Other

Known Triggers:

Current Medications & Medical History

Current Medications (please list):

Relevant Medical History:

Emergency Contact

Name:

Phone Number:

Relationship:

Submit