Questionnaire about allergies

In recent years, the number of people with various allergies is increasing.
There are also reports of shock caused by products such as gloves and drugs used during treatment.
Please answer the following questions so that you can undergo surgery and treatment in a safe environment.
＊If you answered "yes" to the applicable item in the thick line, please fill in the required items.

Patient ID

Name of patient

For staff only							
year/month/day	・・	・・	・・	・・	・・	・・	・・
Confirmer							

Date; year / month / day

Writer; ☐Patient ☐Amanuensis

Questionnaire	＊Please fill in if you answered "yes"	(For medical staff only) additional information	Date / Sign of the staff
1) Have you had any allergic reactions to a medicine or intravenous feeding, disinfectant? ☐No ☐Yes	・Please tell me the name of medicine and injection medicine, disinfectant. ☐Alcohol ☐Iodine ☐Antibiotic agents ( ) ☐Lidocaine ☐disinfectant ( ) ☐Oral medicine ( ) ☐Other ( ) ☐unknown ・Please tell me what kind of symptoms you had. (ex. Itchiness , Hives) ( )		
2) Have you had any allergic reactions to a food? ☐No ☐Yes	・Please tell me the kind of the food. ☐kiwii ☐mango ☐peach ☐banana ☐chestnut ☐tomato	・To the following ☑ allergy to latex doubt group "II"	
	☐egg ☐milk ☐wheat ☐soba ☐crab ☐shrimp ☐peanuts ☐soy ☐other ( ) ・Please tell me what kind of symptoms you had. ( )		
3) Have you had any allergic reactions to metal objects such as watches, necklaces, rings, earrings, and glasses? ☐No ☐Yes	・Please tell me what kind of symptoms you had. ( )		
4) Has your skin turned red because of a compress or tape? ☐No ☐Yes	・Please tell me the name of products. ( )・☐unknown ・Please tell me what kind of symptoms you had. ( )		
5) Have you ever been told that you are allergic to latex? ☐No ☐Yes	・Have you ever been told that you are positive for latex antigen-specific IgE antibodies? ☐No ☐Yes	・"Yes" is suspected of latex allergy Group "I"	

＊Please fill in the back side

Questionnaire	＊Please fill in if you answered "yes"	(For medical staff only) additional information	Date / Sign of the staff
6) Has your skin turned red because of a rubber product? ☐No ☐Yes	・Please tell me the kind of the rubber product. (　　)・☐unknown ・Please tell me what kind of symptoms you had. (　　)	・When an immediate allergy comes out; allergy to latex doubt group "I" ・The symptom existence group "III"	
7) Are you doing work to treat a rubber product (rubber gloves, tire) now or before? ☐No ☐Yes	・Please tell me the kind of work. ☐Medical related ☐Hairdresser ☐Cleaning related ☐Rubber product manufacturing ☐Other(　　)	・To the following ☑ allergy to latex doubt group "II"	
8) Do you have any other allergies? ☐No ☐Yes	・Please check the corresponding items. ☐sunlight ☐Tick ☐pollen ☐Other(　　) ・Please tell me what kind of symptoms you have.☐ (　　)		
9) Have you ever experienced an unexplained shock? (ex. pallor of the face, decreased blood pressure, loss of consciousness) ☐No ☐Yes		・If you experience a shock of unknown cause, Latex Allergy Suspicious Group "III"	
10) Have you suffered from the disease listed in the right-hand column? ☐No ☐Yes	・Please check in the applicable name of disease ☐Spina bifida ☐Osteomyelitis ☐Bronchial asthma due to rubber	・☑ on the left is Latex Allergy Suspicious Group "I"	
	☐Atopic dermatitis ☐Bronchial asthma ☐Contact dermatitis	・☑ on the left is Latex Allergy Suspicious Group "II"	
11) Have you ever been anesthetized for surgery or dental treatment? ☐No ☐Yes	・What kind of anesthesia you received? ☐General anesthesia ☐Lumbar spinal anesthesia ☐Local anesthesia ☐unknown		
12) Have you had any symptoms because of anesthesia? ☐No ☐Yes	・Please tell me what kind of symptoms you had.☐ (　　)		
13) Have you ever had a blood transfusion? ☐No ☐Yes	・Have you ever had any symptoms because of a blood transfusion? ☐No ☐Yes ・Please tell me what kind of symptoms you had.☐ (　　)		

＊Thank you for input.
If you have any questions, please ask.

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