Pre-Visit Allergy Questionnaire

Prior to your appointment at Conway Regional Health, complete the following questionnaire to assess your allergic symptoms. Along with your medical history, this information with guide your provider toward the testing option that's right for you.

1. What symptoms are you experiencing, or have you experienced? Select all that apply.

Runny Nose	Sneezing	Chest tightness	Red, itchy patches
Itchy Eyes	Wheezing	Constipation	of skin
Itchy Mouth	Difficulty breathing	🗌 Diarrhea	
Scratchy Throat	Fatigue	Abdominal cramps	

2. Do your symptoms get worse during a particular time? Select all that apply.

In the morning	In the spring/summer	U When sick	During or after excercise
At nighttime	In the winter or when	After eating certain	Other
In the fall	temperatures drop	foods	

3. Do you notice your symptoms more in certain places? Select all that apply.

At home

Outdoors

Around pets or animals

At school/work

☐ Indoors

4. How long have your symptoms been present? Select one.

Since birth

☐ More than six weeks

Less than one week

For several years

If you selected one or more symptoms in question one, you may be a candidate for allergy blood testing. Make an appointment with your provider now to get tested.

