allergieambulatorium
rennweg

1030 Wien, Rennweg 28, Tel: 798 10 55 (Fax-DW 22)
www.allergieambulatorium.at, mail@allergieambulatorium.at

Ärztliche Leitung: Prim. Dr. Daniel Blagojevic

MEDICAL QUESTIONNAIRE

Dear patient!

Have you been here before? Please let us know at reception.

Patient data Date: ....

NAME: ....

Date of birth: .... Health Insurance number: .... Insurance company: ....

Phone:...

FAX: .... e-mail: ....

Address: .... Postal code: .... City: ....

Learned occupation: .... Present occupation: ....

Working address:

If the patient is co-insured – **data of the insured person**:

NAME: ....

Date of birth: .... Health Insurance number: .... Insurance company: ....

Working address: ....

- Have you already undergone an **allergy-testing**?
  ❍ No
  ❍ Yes, **where:** ...., **when**: ....

  The following **allergies were found**:

  ....

- Since when do you have the symptoms? Since .... days .... months .... years

- Reasons for coming here:

  ❍ **Eyes:** ❒ itching ❒ weep ❒ drought ❒ eyelid swelling
  ❍ **Nose:** ❒ itching ❒ sneeze ❒ stuffy nose ❒ nasal drip
  ❍ **Skin:** ❒ itching ❒ rash ❒ swellings
  ❍ **Bronchia:** ❒ Asthma ❒ breathlessness ❒ nocturnal cough

  ❍ **others**: which ones: ....

- Is there any connection to the time of the day (when is it worst)?
  ❍ in the morning ❍ at midday ❍ in the evening ❍ at night ❍ all day

- Is there any season, when it is worst: ❍ spring ❍ summer ❍ autumn ❍ winter ❍ all year

❍ months (from/to): ....

- Symptoms are worst:
  ❍ in the open air ❍ at workingplace ❍ at home
  ❍ after consumption of certain food: ....

- Do you take any **allergy-medication at present**? Which?

  ....

- Do you take any medication on a regular basis? (high blood-pressure, thyroid, glaucoma,..)
  ❍ No
  ❍ Yes, namely: ....

- Did you ever have severe symptoms in connection with
  Food:
  ❍ No
  ❍ Yes, which one: ....

- Do you, or does anyone living with you, smoke? ❍ No, I don't
  ❍ Yes, at most .... cigarettes a day
  ❍ Yes, I live in a smokers household

- Do you have any pet or frequent contact with animals? If yes, with which: ....

- Which problems do you have in contact with animals?
  ❍ None
  ❍ Yes, which: ....

- Do you have **plants** at your home or working place? ❍ Yes ❍ No
  Is it a ficus benjamini? ❍ Yes ❍ No

- Is your flat/house where you live infested with mould? ❍ Yes ❍ No

- Do you have in your bedding
  ❍ wild silk ❍ feathers ❍ sheep wool ❍ it is washable with 60°/90°

- Does anyone in you family suffer from an allergy (parents, siblings, grand parents)?
  ❍ No
  ❍ Yes, namely: ....

- Do you suffer from any other disease (e.g. high blood-pressure)?
  ❍ No
  ❍ Yes, namely: ....

- Are you currently pregnant: ❍ Yes ❍ No Are you breast-feeding? ❍ Yes ❍ No

- Did all your blood draws so far went well without problems (e.g. circulatory issues): ❍ Yes ❍ No

⇨ **NOTICE:** Your medical report will be available by online download via SMS and will be sent to your referring physician after all tests are completed and the results have been revised (time may vary!).

For mailing the report to your home address, please pay the appropriate postage at the reception.

⇨ **If required, you can get a confirmation forthe time you spent here at the reception**