Allergy, Asthma & Immunology Associates, P.C.
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Metal Allergy Questionnaire

Patient Name: ______________________________ DOB: ____________ Date: ______________

Race ☐ White ☐ Black or African ☐ American Indian or Alaskan Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic
(Race will be used for laboratory purposes)

1. What is your major problem(s) which brought you here? ________________________________
____

2. What date is your surgery / procedure scheduled? ______________________________________

3. Name of surgeon or doctor? ____

4. What type of reaction to metal occurred? ____
____

5. Were there precipitating factors - ☐ Jewelry ☐ Jean Snaps ☐ Other: _______________
____

6. **LIST MEDICATIONS YOU ARE CURRENTLY TAKING:** Name, Dose and Frequency.

_______________________ _______________________ _______________________
_______________________ _______________________ _______________________
_______________________ _______________________ _______________________
_______________________ _______________________ _______________________
_______________________ _______________________ _______________________

7. Do you have any medication allergies? ____
____
____

8. Are your immunizations up to date?

☐ DPT (Diptheria, Pertussis, Tetanus) ☐ Td (Tetanus & Diptheria) ☐ Flu Shots

☐ Pneumovax (Pneumoccal) ☐ Hepatitis ☐ Other: ________________________
(*If 65 or older)*

9. Do you have any other health problems we should know about?

☐ Heart ☐ Lung ☐ Gastrointestinal ☐ Kidneys
☐ Neurological ☐ Muscular / Skeletal ☐ Genitourinary tract
☐ Skin ☐ Kidneys ☐ Other: _________________________________

10. Have you ever been hospitalized or gone to the ER / Urgent Care? ☐ Yes ☐ No
or had any operations? ☐ Yes ☐ No
If yes, explain: ____

11. Do you have other family members, relatives with allergy, asthma, sinus or recurrent infections?

☐ Mother ☐ Father ☐ Brother ☐ Sister
☐ Aunt ☐ Uncle ☐ Grandparents ☐ Children __________________

12. Are there any other health problems which tend to run in your family?

☐ Warts ☐ Diabetes ☐ Kidney ☐ Infections ☐ Heart ☐ Arthritis
☐ High Blood Pressure ☐ Cancer ☐ Other _______________________________