North Raleigh Pediatric Group Allergy Update

7205 Stonehenge Drive, Raleigh, NC 27 613

Name _____ Date of Birth _____ Today's Date _____ Contact Number _____

To better serve you from a wellness and preventative standpoint, please take just a few quick minutes today to provide us with some insight that will prepare our dedicated staff to better take care of you and your family.

Does your child experience any of the following?	Yes	Severity
Runny nose		1 2 3 4 5 6 7 8 9 10
Stuffy nose		1 2 3 4 5 6 7 8 9 10
Itchy nose		1 2 3 4 5 6 7 8 9 10
Itchy eyes		1 2 3 4 5 6 7 8 9 10
Watery eyes		1 2 3 4 5 6 7 8 9 10
Frequent sneezing		1 2 3 4 5 6 7 8 9 10
Itchy Mouth/lips		1 2 3 4 5 6 7 8 9 10
Post nasal drip		1 2 3 4 5 6 7 8 9 10

Please select the symptoms below your child experienced during the last 1-2 years

_____ Sinus related issues (sinus pressure/pain, Headaches, sinusitis)
_____ Asthma or consistent breathing issues
_____ Consistent or re-occurring colds
_____ Consistent or re-occurring coughing
_____ Restless sleep, challenges sleeping through the night, snoring
_____ Migraines

When does your child experience his/her symptoms:

_____ Spring (March, April May) _____ Summer (June, July August)
_____ Autumn (Sept, Oct, Nov) _____ Winter (Dec, Jan, Feb)
_____ All Year Jan -Dec

Does your child experience dermatitis (skin rashes)?

_____ **Yes** _____ **No**

Please select the following medications your child used within the past 12 years

Afrin
Alamast
Alavert
Allegra
Alocril
Astelin
Benadryl
Clarinex
Claritin
Claritin-D
Emadine
Equate
Flonase
Livostin
Nasal Saline Washes
Nasal Sprays
Nasacort-AQ
Nasonex
Neti Pot
Omnaris
Optivar
Ptanase
Patanol
Rhinocort
Singulair
Sudafed
Tacist
Veramyst
Xyzal
Zaditor
Zyrtec
Advil/Tylenol Cold & Sinus

Thank you for completing this information. If you feel like you experience allergy symptoms, please talk to your doctor about how to alleviate your symptoms for life.

For Office Use Only:

Provider Notes:

Provider Signature: _____

Last ENT Date: _____ ☐ Recommend Testing ☐ Not a candidate