LATEX ALLERGY QUESTIONNAIRE

Category 1
(May indicate Latex SENSITIVITY)
Observe patient for symptoms

1. Do you suffer from:
   - Seasonal Hay Fever □ Yes □ No
   - Eczema □ Yes □ No
   - Autoimmune Disease □ Yes □ No
   - Chronic Asthma □ Yes □ No

2. Do you have any food allergies? □ Yes □ No

3. Do you have on-the-job exposure to latex? □ Yes □ No

4. Were you born with problems involving your spinal cord? □ Yes □ No

5. Do you catheterize yourself to urinate? □ Yes □ No

6. Are you allergic to any of the following items?
   - Kiwi fruit □ Yes □ No
   - Avocados □ Yes □ No
   - Guacamole □ Yes □ No
   - Bananas □ Yes □ No
   - Chestnuts □ Yes □ No

Category 2
(Significant indicators for Latex ALLERGY)
Implement Latex Allergy Precautions, including latex-free cart for ONE or more “YES” answers

1. Have you ever been told by a doctor that you are allergic to latex? □ Yes □ No

2. Have you experienced allergic symptoms after contact with latex or rubber? □ Yes □ No
   If YES, do the symptoms include any of the following? (Check ALL that apply)
   - Hives □
   - Itching □
   - Wheezing □
   - Difficulty breathing □
   - Watery eyes □

3. Have you ever had allergic symptoms while: (Check all that apply)
   - Blowing up balloons □
   - During dental examinations □
   - On contact with diaphragms/condoms □
   - During vaginal or rectal exams □
   - While wearing rubber gloves □

4. Have you ever had a strong allergic reaction (anaphylaxis) or other unexplained reaction during or following a medical procedure? □ Yes □ No

Signature: ___________________________________ Date: ________________
(Patient, Parent, or Guardian)

Reviewed by RN/MD: ___________________________ Date: ________________

Lake Forest Hospital
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Patient Sticker