Latex Allergy Questionnaire

CATEGORY 1

(May indicate Latex Sensitivity) Observe patient for symptoms.

1. Do you suffer from:
   - Seasonal Hay Fever
   - Eczema
   - Autoimmune Disease
   - 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
   - Avocados
   - Guacamole
   - Bananas
   - 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 any that apply)
   □ Hives
   □ Itching
   □ Wheezing
   □ Difficulty breathing
   □ Watery eyes

3. Have you ever had allergic symptoms while: (Check any 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 (PATIENT, PARENT, OR GUARDIAN):

DATE:

REVIEWED BY RN/MD:

DATE:

Patient Sticker