

JIMENEZ FOOT ANKLE AND LEG AMBULATORY SURGERY CENTER
Latex Allergy Questionnaire

Patient Name: _____ MR#: _____

	Yes	No
1. Have you ever had allergies, asthma, hay fever, eczema or problems with rashes?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had anaphylaxis or an unexplained reaction during a medical procedure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had swelling, itching or hives on your lips or around your mouth after blowing up a balloon?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had swelling, itching or hives on your lips or around your mouth during or after a dental examination or procedure?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had swelling, itching or hives following a vaginal or rectal examination or after contact with a diaphragm or condom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had swelling, itching or hives on your hands during or within one hour after wearing rubber gloves?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a rash on your hands that lasted longer than one week?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had swelling, itching or hives after being examined by someone wearing rubber or latex gloves?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had swelling, itching or hives, running nose, eye irritation, wheezing or asthma after contact with any latex or rubber product?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a physician ever told you that you have rubber or latex allergy?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you allergic to bananas, papaya, avocados, kiwi, tomatoes, raw potato or chestnuts?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had respiratory distress, rapid heart rate, or swelling?	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____