

Allergology Intake Interview Questionnaire

Dear Sir/Madam,

You have an upcoming appointment at the allergology department of DC Klinieken.

With this questionnaire, we aim to prepare you for your visit. Your data is protected by medical confidentiality and will therefore be treated as confidential.

The purpose of this questionnaire is to gain a better understanding of your current health and living environment. After the consultation, the doctor can use your responses to give you personalized advice.

Initial(s)	Name	Sir	Madam
Date of birth / /	Telephone number		
Address			
Email			
Name of pharmacy			

Medication usage

Which medication are you using at the moment?

Please bring a Current Medication Overview (CMO) to your appointment. You can request this from your pharmacy. It will list the medications you are currently taking. If you do not have a CMO, please indicate below which medications you are using. Also, remember to include any medications you have purchased over the counter at a drugstore or pharmacy.

Medicine	Dosage	Frequency	Reason of usage/Remarks
<i>For example: Aspirin</i>	500mg	2 tablets twice a day	for pain

Medication allergies

Are you allergic to any medications?

Medicine	Reaction	Remarks
<i>For example: Penicillin</i>	itching and red skin	as a child

Other medical conditions

Are you currently undergoing treatment or being monitored by your general practitioner or specialist for any (chronic) medical conditions? Yes No

If yes:

Condition	Specialism	Remarks
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which medical conditions/surgeries have you had in the past?
(List conditions/surgeries starting with the ones that occurred the longest time ago)

Condition/surgery	Year	Remarks
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lifestyle habits

Do you smoke? Yes No Stopped
If yes, since: _____ How many cigarettes per day? _____
Do you drink alcohol? Yes No
If yes, how many glasses on average per week? _____

Living situation

What is your current living situation? Single Living together Housemates

Work and hobbies

Are you currently employed? If yes, what is your occupation? _____
What hobbies do you have? _____

Home and pets

Do you have pets? Yes No
If yes, what kind? _____

Construction year of your house: _____ I don't know
Is it a damp house? Yes No
Material floor living room: Smooth Carpet
Material of floor bedroom : Smooth Carpet
Bedding material: Cotton Wool Synthetic Down (feather) Hypoallergenic

Family history

Is there a history of allergies in your family? Yes No

If yes, specify:

Family member

Condition

Family member	Condition

Description of symptoms *(optional)*

During the visit, the doctor will discuss your symptoms in detail with you. You may provide a brief description of your symptoms below. Please also indicate which medications you have tried and whether they have been helpful.

Expectations for your visit *(optional)*

To assist the doctor in helping you as effectively as possible, it is important for the doctor to know your expectations for the visit. You can note these expectations and any questions you may have below.

Thank you very much for your cooperation!