

Pre-Appointment Questions for Allergy Testing

Dear [Patient's Name],

We are looking forward to your upcoming appointment for allergy testing. To ensure a smooth process, please take a few moments to answer the following questions:

Personal Information

- Full Name: _____
- Date of Birth: _____
- Contact Number: _____
- Email Address: _____

Medical History

- Have you experienced any allergic reactions in the past? (Yes/No)
- If yes, please specify: _____
- Current medications (include over-the-counter drugs): _____
- Any known medical conditions? (e.g., asthma, eczema) _____

Exposure and Symptoms

- What symptoms are you experiencing? _____
- Have you noticed any specific triggers for your symptoms? (e.g., foods, environmental factors) _____

Additional Information

- Do you have any previous allergy test results? (Yes/No)
- If yes, please bring them to your appointment.

Thank you for your cooperation. We will review your answers to ensure we provide the best care possible.

Sincerely,

[Your Clinic's Name]