

BAY AREA ENT SPECIALISTS

Patient Name: _____

Date of Birth: _____

Date: _____

Allergy Medication Questionnaire

Have you tried any of the following:	YES	NO	RESULTS
Claritin	_____	_____	_____
Claritin D 12 hour	_____	_____	_____
Claritin D 24 hour	_____	_____	_____
Allegra (plain)	_____	_____	_____
Allegra D 12 hour	_____	_____	_____
Allegra D 24 hour	_____	_____	_____
Zyrtec	_____	_____	_____
Zyrtec D	_____	_____	_____
Singulair	_____	_____	_____
Benadryl	_____	_____	_____
Clarinex	_____	_____	_____
Xyzal	_____	_____	_____
Flonase	_____	_____	_____
Nasacort	_____	_____	_____
Astepro	_____	_____	_____
Astelin	_____	_____	_____
Nasonex	_____	_____	_____
Rhinocort	_____	_____	_____
Atrovent	_____	_____	_____
Omnaris	_____	_____	_____
Dymista	_____	_____	_____
Afrin	_____	_____	_____
Other:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____