# ALLERGY HISTORY

## Patient Name Date.

Patient Number

Age

M/F

# Branson Allergy Symptom Evaluation™ (BASE)

### COMPLAINTS:

Please circle the appropriate number 0 to 3 according to severity:

**0 = absent** (no symptoms evident) **2 = moderate** (tolerable)

**1 = mild** (symptoms present, but minimal awareness), **3 = severe**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nasal discharge (runny nose) | 0 | 1 | 2 | 3 | Headache | 0 | 1 | 2 | 3 |
| Nasal obstruction (stuffy nose) | 0 | 1 | 2 | 3 | Hives | 0 | 1 | 2 | 3 |
| Nasal itching | 0 | 1 | 2 | 3 | Eczema | 0 | 1 | 2 | 3 |
| Sneezing | 0 | 1 | 2 | 3 | Itching ears | 0 | 1 | 2 | 3 |
| Watery eyes | 0 | 1 | 2 | 3 | Sinus or ear infections | 0 | 1 | 2 | 3 |
| Itchy eyes | 0 | 1 | 2 | 3 | Frequent colds or sore throat | 0 | 1 | 2 | 3 |
| Gritty feeling (eyes) | 0 | 1 | 2 | 3 | Sensitivity to pet hair | 0 | 1 | 2 | 3 |
| Cough | 0 | 1 | 2 | 3, | Itchy throat | 0 | 1 | 2 | 3 |
| Wheezing | 0 | 1 | 2 | 3 | Sinus pressure | 0 | 1 | 2 | 3 |
| Difficulty breathing | 0 | 1 | 2 | 3 | Sinus pain | 0 | 1 | 2 | 3 |

Other symptoms causing you problems?

### MEDICATIONS:

How often do you take medications for your allergy symptoms?

0 = never 1 = occasionally (several times a month or less) 2 = frequently (several times a week) 3 = daily

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Antihistamines | 0 | 1 | 2 | 3 | Nasal Steroids (Flonase, Nasacort) | 0 1 2 3 |
| Oral Steroids | 0 | 1 | 2 | 3 | Asthma medication (Inhaler, Singulair, Advair) | 0 1 2 3 |

Eye drops 0 1 2 3 Other allergy-related medications

Does any medication give you complete relief of symptoms?

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### GENERAL ALLERGY HISTORY:

How many months of the year do you have allergies? How many years?

In what season are they worse (check all that apply): O Spring O Summer O Fall O Winter Have you been allergy tested before? O Yes O No

If yes, which type: O Skin prick/Puncture O Blood draw

Have you previously received allergy shots? Allergy drops? If yes, when? Do you smoke or use tobacco products?

List any animals you have in or around the home Who else in your family has allergies?

##

PROVIDER ONLY

RAW SCORE: /25 0-25 = MILD 26-50=SIGNIFICANT SCORE: (Multiply raw score by 4) 51-100 = SEVERE 100+= VERY SEVERE