### **Food Allergy Questionnaire**

#### **1. Personal Information**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **2. Symptoms and History**

* Have you experienced any of the following symptoms after eating specific foods?
  + Hives
  + Swelling
  + Digestive issues
  + Breathing difficulty
  + Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How long after eating do symptoms appear?
  + Immediately
  + Within an hour
  + Several hours later

#### **3. Known Allergies**

* Do you have known food allergies?
  + Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + No
* Are you allergic to any of the following common allergens?
  + Dairy
  + Gluten
  + Peanuts
  + Tree nuts
  + Shellfish
  + Soy
  + Eggs
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **4. Food Testing**

* Have you undergone allergy testing?
  + Yes (please provide results): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + No

#### **5. Additional Information**

* Please provide any other relevant details about your food allergies: