

Nasal Allergy

Name:

Age:

Sex:

Address:

Symptoms:

Please tick which ever apply

	Duration	Indoor	Outdoor	Early Morning	Noon	Night	Summer	winter	rainy	Cold Weather	Place where symptoms are more
Runny Nose											
Sneeze											
Itching											
Block											
Addition Comments											

Other symptoms of Nasal Allergy

	Duration	Indoor	Outdoor	Early Morning	Noon	Night	Summer	winter	rainy	Cold Weather	Place where symptoms are more
Sniffing											
Snoring											
Nose Picking											
Mouth Breathing											
Addition Comments											

Other Symptoms

QOL—Sleep

QOL—School Performance

QOL— Activity Level

Eye Symptoms

Ear Symptoms

Throat Symptoms

Skin Symptoms

Respiratory Symptoms

	Cough	Wheeze	Breathlessness	Aggravating Factors	Relieving Factors
Respiratory					

Family History of Atopy/ Allergies

Physical Examination

Nose	
Sinus	
Throat	
Chest	
Skin	
Others	

Summary

Patient by Name : _____ **Aged :** _____ **Male/Female coming**
from _____ **Is suffering from** _____

Allergic Rhinitis : YES / NO
: MILD / MODERATE / SEVERE
: PERSISTENT / INTERMITTENT

Other Allergies Present : Allergic Conjunctivitis / Atopic Dermatitis / Asthma / Food Allergy
Drug Allergy / Contact Allergy

Quality Of Life : NORMAL / FAIR / POOR

Allergy progression : SAME / INCREASING / DECREASING