

Georgia Ambulatory Surgery Center

Latex Allergy Questionnaire

Patient Information

Last Name	First	M.I.	Date	
			Yes	No
1. Have you ever had allergies, asthma, hay fever, eczema or problems with rashes?				
2. Have you ever had anaphylaxis or an unexplained reaction during a medical procedure?				
3. Have you ever had swelling, itching or hives on your lips or around your mouth after blowing up a balloon?				
4. Have you ever had swelling, itching or hives on your lips or around your mouth during or after a dental examination or procedure?				
5. Have you ever had swelling, itching or hives following a vaginal or rectal examination or after contact with a diaphragm or condom?				
6. Have you ever had swelling, itching or hives on your hands during or within one hour after wearing rubber gloves?				
7. Have you ever had a rash on your hands that lasted longer than a week?				
8. Have you ever had swelling, itching or hives after being examined by someone wearing rubber or latex gloves?				
9. Have you ever had swelling, itching or hives, running nose, eye irritation, wheezing or asthma after contact with any latex or rubber product?				
10. Has a physician ever told you that you have a rubber to latex allergy?				
11. Are you allergic to bananas, papaya, avocados, kiwi, tomatoes, raw potato or chestnuts?				
12. Have you ever had respiratory distress, rapid heart rate, or swelling?				

Signature

Date