North Shore VeinCenter

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Screening for Allergies Sensitivities to Latex

Name of Patient: ____ Date: __________________

1. Do you have a history of Latex Allergy reactions? ⬭ Yes ⬭ No

   If yes, please explain: ____

   ____

2. Are you allergic or sensitive to foods containing bananas, avocados, or chestnuts? ⬭ Yes ⬭ No

   If yes, please explain: ____

   ____

3. Do you develop itching, wheezing or a rash from the use of rubber gloves? ⬭ Yes ⬭ No

   If yes, please explain: ____

   ____

4. Have you ever tested positive for a latex skin or blood test? ⬭ Yes ⬭ No

   If yes, please explain: ____

   ____

5. Have you ever had a prior unexplained allergic reaction during a medical procedure? ⬭ Yes ⬭ No

   If yes, please explain: ____

   ____

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