

INDIO SURGERY CENTER LATEX ALLERGY QUESTIONNAIRE

Name: _____
Date of Birth: _____
Surgeon/ Date of Service: _____

Yes No

1. Have you ever had allergies, asthma, hay fever, eczema, or problems with rashes?
2. Have you ever had respiratory distress, rapid heart rate or swelling?
3. Have you ever had swelling, itching, hives, or other symptoms after a dental examination or procedure?
4. Have you ever had swelling, itching, hives or other symptoms after contact with a balloon?
5. Have you ever had swelling, itching, hives or other symptoms following a vaginal or rectal examination or after contact with a diaphragm or condom?
6. Have you ever had swelling, itching, hives during or within one hour after wearing rubber gloves?
7. Have you ever had a rash on your hands that lasted longer than one week?
8. Have you ever had swelling, itching, hives, runny nose, eye irritation, wheezing, or asthma after contact with any latex or rubber products?
9. Have you ever had swelling, itching or hives after being examined by someone wearing latex gloves?
10. Has a physician ever told you that you had a rubber or latex allergy?
11. Are you allergic to bananas, avocados, kiwi fruit, or chestnuts?
12. Have you ever had an unexplained anaphylactic episodes? If so, please explain _____

Print MD Name

MD Signature

Date

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PRE-OP Medical Clearance for General Anesthesia