

Place patient identification
sticker here

LATEX ALLERGY QUESTIONNAIRE

Questions to ask of inpatients, outpatients,
and employees of Samaritan Health

LATEX ALLERGY

1. Have you ever developed any type of reaction after handling latex products such as rubber gloves, condoms, diaphragms, balloons, socks, or underwear? Yes No

Comments: _____

2. Have you ever developed any type of reaction during or after a dental appointment, vaginal/rectal examination, surgical procedure, or other exposure to rubber gloves? Yes No

Comments: _____

LATEX RISK

3. Have you ever had any difficulty breathing or hives after eating or handling any fruits or vegetables such as kiwi, bananas, stone fruits, or chestnuts? Yes No

Comments: _____

4. Do you have a previous personal history of more than nine surgeries, spina bifida, or repeated catheterizations? Yes No

Comments: _____

5. Are you frequently exposed to latex products in your occupation? Yes No

RECORD ALLERGY OR RISK IN CHART UNDER "ALLERGIES"

Signature of Patient or Employee

Date:

Assessment/Comments: _____

