

Latex Allergy Screening Form

This screening tool is intended to assist in identifying patients with a latex sensitivity. It is not intended to be all-inclusive, and individuals who are uncertain whether they are sensitive to natural rubber latex should consult their physician.

1. Have you ever had a reaction to or been told by a doctor that you have an allergy to any latex or natural rubber product? Yes No

2. What is your occupation? _____

3. Do you have a history of surgery? Yes No If so, for what? _____

4. Have you ever had itching, swelling, hives or trouble breathing when you use any of the following items:

	Yes	No		Yes	No
balloons	<input type="checkbox"/>	<input type="checkbox"/>	condoms & birth control devices	<input type="checkbox"/>	<input type="checkbox"/>
rubber gloves	<input type="checkbox"/>	<input type="checkbox"/>	dental dams	<input type="checkbox"/>	<input type="checkbox"/>
hot water bottles	<input type="checkbox"/>	<input type="checkbox"/>	erasers	<input type="checkbox"/>	<input type="checkbox"/>
rubber bands, balls	<input type="checkbox"/>	<input type="checkbox"/>	face masks	<input type="checkbox"/>	<input type="checkbox"/>
foam pillows	<input type="checkbox"/>	<input type="checkbox"/>	ACE bandages	<input type="checkbox"/>	<input type="checkbox"/>
baby bottle nipples	<input type="checkbox"/>	<input type="checkbox"/>	cuffs, elastic waistbands	<input type="checkbox"/>	<input type="checkbox"/>
pacifiers, teething rings	<input type="checkbox"/>	<input type="checkbox"/>	ostomy bags	<input type="checkbox"/>	<input type="checkbox"/>
belts, bras, suspenders	<input type="checkbox"/>	<input type="checkbox"/>	urinary catheter	<input type="checkbox"/>	<input type="checkbox"/>
other _____	<input type="checkbox"/>	<input type="checkbox"/>	rubber grips	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you ever had itching, swelling, hives or trouble breathing after eating any of the following?

- Bananas Yes No
- Avocados Yes No
- Kiwi Yes No
- Chestnuts Yes No
- Papaya Yes No

Our office wants you to be aware that we utilize latex products. So, if you have answered "Yes" to any of these questions, our staff will follow the office policy on patients with latex sensitivity.

Patient's Signature _____ Date _____

Reviewer's Signature _____ Date _____