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Allergy questionnaire

1. Does or did any member of your family suffer from allergic conditions such as asthma, hay fever or eczema Yes No
Mother: _____
Father: _____
Child/Sibling: _____
2. Has your child been tested for allergies before? Yes No
If yes, when and with which results?

3. Has your child been medically treated for allergies (i.e. with inhalation, vaccination or ointments)? Yes No
If yes, which?

4. Do these symptoms occur at specific times of year or occasions (caused by sports, infections, food) Yes No
If yes, which?

5. Do you have any pets? Yes No
If yes, which?

6. Is there carpet in your child's room? Yes No
7. Are there damp walls in your home? Yes No
8. Does anybody smoke in your home? Yes No

If there is not enough space for your answers, please use the other side of this sheet.