



Name _____ Social Security No. or Medical Record No. _____
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Latex Allergy Assessment

Ambulatory service providers of Greenville Hospital System routinely screen patients for sensitivity to latex products. Please complete the following questions to help us determine if we need to avoid using latex products in your treatment.

1. Have you ever been told you have an allergy to latex products?

No	Yes	If yes, by whom?

2. Do you have any of the following problems when exposed to rubber products like gloves, balloons, Band-Aids, or condoms: itching, swelling, sneezing, runny eyes, hives, wheezing, skin rash, palpitations, or collapse?

No	Yes
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3. Are you allergic to any of the following foods: bananas, avocados, kiwi fruit, pears, nuts or shellfish?

No	Yes
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4. Do you have a history of spina bifida, spinal cord abnormalities like myelomenigocele or lipomenigocele, or congenital urologic anomalies?

No	Yes
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5. Have you ever experienced an unexplained allergic reaction during surgery or other medical or dental procedure?

No	Yes
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6. Have you ever been diagnosed or treated for eczema, asthma, or other allergies?

No	Yes
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Survey completed by: Patient Other _____

Reviewed by:
