

# 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.

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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	[ ]	[ ]	condoms & birth control devices	[ ]	[ ]
rubber gloves	[ ]	[ ]	dental dams	[ ]	[ ]
hot water bottles	[ ]	[ ]	erasers	[ ]	[ ]
rubber bands, balls	[ ]	[ ]	face masks	[ ]	[ ]
foam pillows	[ ]	[ ]	ACE bandages	[ ]	[ ]
baby bottle nipples	[ ]	[ ]	cuffs, elastic waistbands	[ ]	[ ]
pacifiers, teething rings	[ ]	[ ]	ostomy bags	[ ]	[ ]
belts, bras, suspenders	[ ]	[ ]	urinary catheter	[ ]	[ ]
other _____	[ ]	[ ]	rubber grips	[ ]	[ ]

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 \_\_\_\_\_