

ALLERGIC RHINITIS WORKSHEET

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SECTION I. PATIENT ADMIN DATA

1. EXAMINING FACILITY:		2. FACILITY UIC:	
3. TODAY'S DATE:		4. EXAMINER'S PHONE NUMBER:	
5. REQUESTING WAIVER? YES NO		6. REQUESTING TO ELIMINATE WAIVER? YES NO	

SECTION II. HISTORY

1. SYMPTOMS	2. FREQUENCY	3. TREATMENT	4. PRIOR PROBLEMS
RHINORRHEA	SPRING	NONE	EAR BAROTRAUMA
CLEAR	SUMMER	OTC MED	SINUS BAROTRAUMA
CLOUDY	FALL	STEROID SPRAY	SINUSITIS
LACRIMATION	WINTER	PRESCRIPTION MEDICATION*	• CHRONIC
SNEEZING	PERENNIAL	ALLERGEN IMMUNOTHERAPY (AIT)**	• RECURRENT
CONGESTION			• ACUTE
ITCHING			
			OTHER:
5. HOW MANY YEARS OF SYMPTOMS?		6. TYPICAL DURATION OF SYMPTOMS:	
7. CURRENT SYMPTOMS (if no symptoms at present, when was patient last symptomatic?):			
8. CURRENT THERAPY, IF ANY: * (list medications)			9. PAST EFFECTIVE THERAPY:
**10. IF HISTORY OF ALLERGY IMMUNOTHERAPY, DATE BEGUN:			**11. DATE COMPLETED:

SECTION III. PHYSICAL EXAMINATION

1a. RIGHT EAR:	1b. VALSALVA?
2a. LEFT EAR:	2b. VALSALVA?
3. NOSE:	
4. MOUTH:	
5. OROPHARYNX:	

6. ENT EVALUATION <i>(only if required per ARWG):</i>			
7. ALLERGY EVALUATION <i>(only if required per ARWG):</i>			
8. IMPRESSION:			
SECTION IV. FLIGHT SURGEON'S RECOMMENDED DISPOSITION			
	NPQ, WAIVER RECOMMENDED		PQ, DISCONTINUE WAIVER
	NPQ, WAIVER NOT RECOMMENDED		
1. FLIGHT SURGEON SIGNATURE/ STAMP:			
2. PATIENT'S SIGNATURE:			
3. PATIENT'S NAME <i>(Last, First, Middle, Rank, Rate):</i>			
4. PATIENT'S DATE OF BIRTH:	5. PATIENT'S AGE:	6. PATIENT'S DODID:	