

**Park Avenue Dermatology**  
**Dr. Dominick Ligresti, MD**  
**Dr. Steve Sekiya, DO**  
Certified American Board of Dermatology  
Clinical Assistant Professor of Medicine in Dermatology at Mount Sinai School of Medicine  
Fellow, American Academy of Dermatology  
Cosmetic, Adult & Pediatric Dermatology & Laser Surgery  
31 Tioga Street, Staten Island, NY 10301; Ph 718-981-5040; Fax 718-981-3331  
[www.ParkAvenueDermatologyOFFICE.com](http://www.ParkAvenueDermatologyOFFICE.com)

## Quality of Life Questionnaire- ALLERGIES

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

1. Have you ever been diagnosed Allergies? YES \_\_\_ NO \_\_\_
2. Are you currently taking or have you within the last year or have been prescribed an over-the-counter or prescription strength medication for allergies, hay fever, or nasal congestion? YES \_\_\_ NO \_\_\_

If yes, please list all that apply:

---

3. Have you ever been diagnosed with asthma? YES \_\_\_ NO \_\_\_
4. Is our doctor currently treating your asthma with medications? YES \_\_\_ NO \_\_\_

If yes, please list all that apply:

---

5. Please check any/all of the following symptoms that you experience more than three times in a month or for more than three consecutive months. Please note that in the case of seasonal allergies, you may not be experiencing those now, but may experience those now, but may experience them regularly during a different season of the year.

Please check all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Stuff Nose       | <input type="checkbox"/> Itchy Throat    | <input type="checkbox"/> Trouble Sleeping |
| <input type="checkbox"/> Runny Nose       | <input type="checkbox"/> Sore Throat     | <input type="checkbox"/> Fatigue          |
| <input type="checkbox"/> Nasal Congestion | <input type="checkbox"/> Cough           |   |
| <input type="checkbox"/> Itchy Eyes       | <input type="checkbox"/> Post Nasal Drip |   |
| <input type="checkbox"/> Water Eyes       | <input type="checkbox"/> Headache        |   |

Patient's Signature \_\_\_\_\_

Date: \_\_\_\_\_