Natural Rubber Latex Allergy Patient Questionnaire

1. Do you have an allergy to any medicines, foods or other items?

*[If the patient states that they have no allergies then treat as normal.*

*If the patient states that they are allergic to any of the following, this should trigger additional questioning: balloons, contraceptives, rubber gloves, dental blocks, hot water bottles, erasers, rubber bands/balls, pillows, elastic dressing and bandages, elastic waistbands/underwear.]*

***Treat as high risk***

1. What symptoms do you experience when you eat/touch the products listed above?

*[If the patient states any of the following symptoms breathlessness, skin redness, chapping or cracking of hands, swelling of lips or tongue, runny nose, congestion, hives, itching.]*

***Treat as Type 1***

1. Assessment conclusion

*[If the patent, in addition to positive responses to the questions above, suffers from any of the following then treat as a high risk individual and follow the appropriate protocol;*

*Contact dermatitis*

*Eczema*

*Asthma*

*Auto-immune disease (Lupus etc.)*

*Spina bifida*

*Multiple surgical operations*

*Meningo-myelocele*

*Urogenital abnormalities]*