

Date _____

Patient name _____

Date of birth _____

1. Do you have or think you have an allergy to natural rubber latex? (Examples: balloons, condoms, pacifiers, etc.)
 No (go to question #2) Yes
2. Do you have Spina Bifida or bowel or bladder problems that have required you to have surgeries or procedures?
 No (go to question #3) Yes
3. If your work requires you to wear rubber gloves or to handle rubber products, have you had any problems?
 No (go to question #4) Yes
4. Did you have more than three operations or medical procedures before you were one year old?
 No (go to question #5) Yes
5. Have you ever had an allergic reaction during a medical or dental procedure?
 No (go to question #6) Yes
6. Do you have an allergic reaction to any of the following foods: avocado, banana, potato, peach, kiwi, chestnut, tomato?
 No Yes

If patient answers yes to **questions 1 or 6**, latex precautions should be implemented.

Date _____ Time _____

Signature _____