

KEARNEY ORTHOPEDIC & SPORTS MEDICINE  
3500 CENTRAL AVENUE PO BOX 2168  
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(308) 865-2500 (800) 458-4504

CHRIS E WILKINSON, MD    BRENT E ADAMSON, MD    MARK T BUCHMAN, MD    STEFAN P LORINCZ, DPM

### SCREENING QUESTIONS FOR LATEX ALLERGY

1. Are you allergic to rubber or latex products?
2. Are you a healthcare worker or are you exposed to latex or rubber frequently?
3. Do you have food allergies?
4. Were you born with problems involving your spinal cord or bladder?
5. Do you have asthma or eczema?
6. Do you develop swelling, itching, or other symptoms following dental, rectal, or vaginal examinations, after blowing up balloons, or after wearing a bandage?
7. Have you had an allergic reaction or an anaphylactic reaction during anesthesia?

**If a patient answers positive to any one of the above questions, a latex sensitivity questionnaire is to be completed!! Anesthesia is to be contacted after latex sensitivity questionnaire so they can rate the latex sensitivity potential.**

PERMANENT PART OF THE MEDICAL RECORD

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Date

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## LATEX SENSITIVITY QUESTIONNAIRE

Are you a healthcare worker?	Y	N
Do you frequently wear latex gloves?	Y	N
Are you frequently exposed to latex products?	Y	N
Do your fellow workers wear latex gloves regularly?	Y	N
Do you have a history of frequent operations or invasive medical procedures?	Y	N
Did these take place when you were an infant?	Y	N
Do you catheterize yourself to urinate?	Y	N
Do you have a history of spina bifida or myelodysplasia?	Y	N
Do you have a history of eczema or other rashes on your hands?	Y	N
Do you have a history of "hay fever" or other common allergies?	Y	N
Do you have a history of asthma?	Y	N

Circle the foods below that cause swelling, itching, rashes, or more severe symptoms when you eat or handle them.

Apple	banana	cherry	grape	melon	passion fruit	pineapple
Apricot	carrot	chestnut	hazelnut	nectarine	peach	plum
Avocado	celery	fig	kiwi	papaya	pear	potatoes
						tomatoes

IF YOU FREQUENTLY WEAR LATEX GLOVES, ANSWER QUESTIONS A-H.

a) Do you have itching, cracking, chapping, scaling, weeping, or a rash from the use of latex gloves?	Y	N
b) Have these symptoms recently increased or changed?	Y	N
c) Have you tried different brands of latex gloves?	Y	N
d) If so, have your symptoms persisted?	Y	N
e) Have you used non-latex gloves?	Y	N
f) If so, have your symptoms changed?	Y	N
g) Do your symptoms improve when you stop wearing gloves?	Y	N
h) When you wear, or are around others who wear latex gloves, do you develop hives, swelling, redness, or itching of the hand within 30 minutes or get blisters on your hands within a day?	Y	N

When you wear or are around others who wear latex gloves, do you develop:		
Sneezing, stuffy or runny nose, itchy, red eyes or itching of the nose or mouth?	Y	N
Shortness of breath, wheezing, chest tightness, or difficulty in breathing?	Y	N
Other symptoms including swelling or shock?	Y	N
Do you have a history of anaphylaxis or intra-operative shock?	Y	N
Have you had itching, swelling, or other symptoms following dental, rectal, or pelvic examinations?	Y	N
Do you develop swelling, itching, or difficulty breathing after blowing up balloons?	Y	N
Do condoms or diaphragms cause itching or swelling?	Y	N
Do rubber handles, rubber bands, or elastic bands in clothing cause itching, redness, swelling, or other symptoms?	Y	N

CHECK ONE OF THE FOLLOWING

- Normal status. No action required.
- High risk for latex sensitization. Latex precautions required.
- Latex allergy. Latex precautions required.
- Medication pretreatment required.
- No medication pretreatment required.

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Signature of evaluator