**Dermatology Skin Testing Questionnaire**

Having information on the trees that are around your home are helpful when formulating vaccine, but not essential. Please fill out to the best of your knowledge. If you are unsure, mark as maybe and Dr. Karen Farver or Dr. Kate Backel will assume all these trees could be in your environment.

* Maple/Box Elder \_\_\_\_\_\_\_
* Alder \_\_\_\_\_\_\_
* Poplar \_\_\_\_\_\_\_
* Beech \_\_\_\_\_\_\_
* Pine \_\_\_\_\_\_\_
* Red Cedar/Juniper \_\_\_\_\_\_\_
* Ash \_\_\_\_\_\_\_
* Birch \_\_\_\_\_\_\_
* Oak \_\_\_\_\_\_\_
* Elm \_\_\_\_\_\_\_
* Hickory \_\_\_\_\_\_\_
* Mulberry \_\_\_\_\_\_\_
* Walnut \_\_\_\_\_\_\_
* Willow \_\_\_\_\_\_\_
* Sycamore \_\_\_\_\_\_\_
* Bayberry \_\_\_\_\_\_

1. Do you live near any wheat farms?
2. Does your pet have any exposure to cockroaches?
3. Do you notice your pet’s allergy symptoms are worse when it is damp out?
4. Has your property ever had a history of mold?
5. Does your pet spend time in the basement?
6. If we are skin testing your dog, is there also a cat in the house?
7. If we are skin testing your cat, is there also a dog in the house?
8. Is your pet on a flea preventative?

If yes, please indicate which product \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there any wool in the house? (Wool can be in carpeting, throw rugs, clothing, or car seat covers.)

If yes, please indicate if these items can be removed \_\_\_\_\_\_\_\_

1. Are there any objects in the house that have feathers in them or do you own any birds?

If yes, please indicate if any of these items can be removed \_\_\_\_\_\_\_\_

**Which vaccine type have you chosen to use for immunotherapy?**

**(Please circle) Sublingual or Injectable**