

DENTAL SQUARE

8920 Highway 50, Unit E9, Brampton, ON Phone: 905-915-8988

POSSIBLE LATEX ALLERGY PATIENTS

Patient Name:

Date:

Questions to ask any patient that reports an adverse reaction to latex:

1. Have you ever had a reaction to latex, balloons, condoms ?.....
2. What kind of reaction occurred?
3. What triggered the reaction?
4. Was the reaction immediate or delayed (how long?)
5. Date of the reaction?
6. Has this reaction ever occurred before?
7. If yes, describe (when, how, to what?)
8. Is this reaction always the same or is it getting worse?
9. Have you ever had trouble breathing or had significant swelling to lately?
10. Have you ever needed hospitalization for this reaction?
11. What treatment was given for each reaction?
12. Have you been treated with non-latex gloves and products & have these been OK?

Complementary Questions:

13. Do you have allergies to fruit, (e.g. banana, avocado, etc), adhesive tape?

14. Have you had frequent or extended times in hospital or multiple surgeries?

15. Do you have frequent exposure to latex (rubber) products in your work?
