

Vivek Agarwal, M.D
Gretchen Ta, FNP-BC

2011 NW Myhre Road, Silverdale, WA 98383 (360) 830-1706

Allergy Survey:

Living accommodations: (Circle all that apply)

House, Apartment, Mobile Home , Town House, Other _____

Age of building _____

Location (city, suburb, country, on farm)

Present address for _____ years

Basement, finished, carpet, damp, dry, dirt

Recent painting or repair (yes) (no)

Water Damage, (Yes, No) Repair? Date repaired _____

Heating system: Forced air, space heat, hot water, wood burn, Natural Gas, Propane, Electric, Oil

Flooring: Wood, carpet (wool, synthetic, other), tile, vinyl

Moist, Damp, Very damp

Window treatment (blinds, shades, drapes)

Air conditioning: central, window unit

Humidifier, Dehumidifier

Bedroom:

Mattress (regular, rubber, waterbed futon)

Dust Mite Encasement on mattress and box spring (Yes, No)

Box Spring Cover (cotton, allergy proof)

Pillows (polyester, feather, foam other _____)

Dust mite encasement on pillows (Yes, No)

Floor: Carpet, Wood, Vinyl, Tile)

Other items in bedroom (upholstered furniture, Stuffed Animals)

Pets: (How many) _____ Cat(s), _____ Dog(s), _____ Horse(s), _____ Rodent, _____ Birds

Are pets indoors or outdoors? (Yes, No)

Sleep in bedroom or on bed? (Yes, No)