

**Hives / Swelling History:**

When did you first experience hives?	
Describe the hives (red/itchy/bumps)	
Do you have any pain or burning?	
What body parts are affected?	
Any significant lip/eye/face swelling?	
Do you experience throat tightness?	
Frequency of hives	
How long does each episode last?	
Do they leave marks when they resolve?	
Do the hives arrive in flares?	
If so, how long to the flare last?	
Any illness within a few weeks of the hives?	
Any new contacts, environments, meds?	
Are you under high stress?	
Is there a worse season?	
Any suspected triggers?	
Any procedures/surgeries within weeks of hives?	
What medications have you tried?	
Did previous medications help?	
Have you seen a dermatologist for your hives?	
Have you ever been to the ER because of your hives?	
Have you had any blood tests?	

Patient Name: _____
DOB: _____
Today's Date: _____