APPENDIX
WORKING PROFORMA

TOPIC : EVALUATION OF PRICK TEST IN VARIOUS ALLERGIC DISORDERS

Case No.

OPD No. Date :

Code No.

Name Age/Sex

Father's Name

Address

Diagnosis

Occupation of father: Mother:

Total family income:

Per capita income:

Geniological history:

Social: Residence:

Vegetarian/Non vegetarian(Pork, Cow):

Method of excreta disposal:

Immunization Primary Booster

Polio

D.P.T.

B.C.G.

Measles

Others

History of Present Illness

Symptoms Duration

1. Fever

2. Cough

3. Breathlessness

4. Wheezing

5. Excessive cry

6. Abdominal colic
7. Irritability
8. Loose motion with blood
9. Rashes - Dermatitis
    Urticaria

**Related to Ingestants** (Fish, Shellfish, nuts, peanuts, food additives, drugs etc.)
- Yes/No
- Specific Name
- Average time interval - days
  hours

**Related to Contactants** (Plant substances, drugs applied to the skin stinging nettle animal saliva etc.).
- Yes/No
- Specific Name
- Average time interval: Days
  Hours

**Related to Inhalants** (Pollen, Dander, molds etc.)
- Yes/No
- Specific
- Average time interval: Days
  Hours

**Related to Injectants** (Drugs, transfused blood, therapeutic antisera, insect stings and bites allergic extracts etc.)
- Yes/No
- Specific Name
- Average time interval: Days
  Hours

**Related to Parasitic Intestinal Infestations** (Passing worms, vague abdominal pain PICA, perianal itching, failure to thrive, acute abdomen motions/Constipation).

**Related to Other Parasitic Infections/Infestations**

- Malaria
- Filaria
- Scabies
- Others
Causative/Precipitating factors (Time interval between exposure and symptoms)

Cold
Solar
Aquagenic
Vibratory
Dermagraphism
Physical Exercise
Emotional stimuli
Parasitic infection
Viral infection
Bacterial infection
Fungal infection

Details of present illness

1. Duration of symptoms/episode
2. Frequency per year
3. Seasonal variation, if any (Note specify the season)

HISTORY OF PAST ILLNESS (Note) Specify the duration)

Measles
Pettussis
Chronic diarrhoea
Worm infestation
Others.

Urticaria
Eczema
Asthma
Rhinitis

FAMILY HISTORY

Koch's : Yes/No
Chronic illness : Yes/No
Similar illness : Yes/No

HISTORY OF ATOPY (Asthma, urticaria, atopic dermatitis, Rhinitis, history of angioedema, fever).

PHYSICAL EXAMINATIONS

R.R./P.R. Edema Yes/No
Resp. rate Lymphadenopathy
Temperature Cervical
Blood pressure Axillary
Pallor
Icterus
Cyanosis
Clubbing
Hydration

Other

Weight
Head circumference
Height/Length
Peak expiratory flow

Nutrition

Examination of Skin

Wheal

Size
Distribution
Scalp

Face

Extremities :

Neck
Trunk

Upper - Flexor surface
Extensor surface
Lower - Flexor surface
Extensor surface

DERMATITIS

A. Distribution

Scalp

Face

Neck

Trunk

Extremities :

Upper - Flexor surface
Extensor surface
Lower - Flexor surface
Extensor surface

B. Nature of lesion (Groups papules, vesicles, oozing scaling, mention other features erythma, excoriation).

SYSTEMIC EXAMINATION

Respiratory System

Inspection
Palpation
Percussion
Auscultation
Cardiovascular system
Sings of CHF
J.V.P.
H.J.R.
Hepatomegaly
Basal crepts

Abdomen
Spleen
Liver
Colon
Ileocaecal lump
Tenderness
Lymphnode

Central Nervous System

INVESTIGATION

Blood : TLC Cells/cumm.
DLC: P %, L %, E %, M %, B %
Hb gm% ESR : mm in 1 hour
Absolute eosinophil count

Stool : Ova/cyst
R.B.C/ Pus cells

Others :

1. Specific allergen test by Prick Method :
   a.
   b.
   c.
   d.
   e.
   f.

2. Other tests.

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