

ALLERGY ASSOCIATES & ASTHMA, LTD.

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PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Patient Name: _____ **Acct #:** _____ **Date:** _____

Name of the medication to which you reacted: _____

How was the medication given? (Please check)

- Orally (pill, syrup, etc.)
 IV (intravenously)
 Injection (shot)
 Other, please specify: _____

When did you take this medication? _____

Why were you given this medication? _____

What type of reaction did you have? (check all that apply)

<input type="checkbox"/> Hives/Welts	Swelling <input type="checkbox"/> eyes <input type="checkbox"/> face <input type="checkbox"/> lips <input type="checkbox"/> tongue <input type="checkbox"/> other: (please specify)	Other type of reaction – Please describe
<input type="checkbox"/> Shortness of breath or trouble breathing		
<input type="checkbox"/> Wheezing		
<input type="checkbox"/> Chest tightness		
<input type="checkbox"/> Tightness in throat		
<input type="checkbox"/> Passed out		
<input type="checkbox"/> Nausea, vomiting, diarrhea, cramping		
<input type="checkbox"/> Other type of rash Please describe: _____		

How long after taking the medication did the reaction start? _____

How was the reaction treated? _____

Other information you want us to know: _____



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www.allergyassoc.net

Instructions for Patient's Being Evaluated for Drug Allergies

Dear Patient:

If you are coming to see us to be evaluated for possible drug allergies, please read the following carefully.

There is currently little to no standardized testing available to test for drug allergies. The physician will therefore rely heavily on the history you provide including the medications to which you reacted, the events surrounding the reaction, and why the medication was taken.

It is **IMPERATIVE** that you provide us with as much accurate information as you can.

If possible, try to obtain the medical records that pertain to the reaction and bring these with you to your first visit.

Please print a copy of the "Drug Reaction Chart" and fill it out as completely as possible. Bring it with you to your first visit. Please **print a chart for each medication** to which you reacted and fill each one out separately. This will greatly assist us in helping you.

Thank you and please don't hesitate to call us with any questions.