

# Allergy-focused patient history

Patient name

Is there a personal history of allergic problems?

YES

NO

DETAILS

Is there a family history of allergic problems?

YES

NO

DETAILS

What was the age of onset and relation to change in diet?

What food or foods are causing concern?

COW'S MILK

EGGS

PEANUTS

TREE NUTS

FISH

SHELLFISH

SOYA

WHEAT

OTHER

What symptoms are triggered?

SKIN

GASTROINTESTINAL

RESPIRATORY SYSTEM

CARDIOVASCULAR

What is the time course between exposure and the onset of symptoms?

LESS THAN 2 HOURS

MORE THAN 2 HOURS

What quantity of food is needed to trigger a reaction?

PLEASE NOTE THAT THIS FORM IS A GUIDE ONLY AND NOT AN OFFICIAL TEST ORDER FORM.