Insect Allergy Honey Bee, Wasp, Yellow Jacket, Hornet, Fire Ant

GRAND RAPIDS Allergy

Patient Name: ______________________

Date of Birth: ______________________

Appointment date/time: ______________________

Referring Physician: ______________________

Physician's Address: ______________________

Please complete the following information and bring with you to appointment.

Notes

Form completed by (circle): Patient Spouse Parent/Guardian

Date of sting/bite? ______ /______ /______ When did reaction occur? ______________________

What activity was being performed? ______________________

Describe the insect ______________________

Did it leave a stinger? (circle): Yes No

Did it insect come from? (circle): Ground nest Hanging nest Flowers/bushes Grass

Describe nest: ______________________

Describe reaction: ______________________

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Symptoms

Skin	Breathing	Abdominal	Heart
☐ Itching all over	☐ Shortness of breath	☐ Nausea	☐ Lightheadedness
☐ Redness of body	☐ Tight throat	☐ Vomiting	☐ Fainting
☐ Hives all over	☐ Asthma	☐ Cramping	☐ Collapse
☐ Swelling of body	☐ Hoarseness	☐ Diarrhea	☐ Unconsciousness

Did it require visit to (circle): Hospital Doctor's Office

Medicines used (circle): Antihistamine Adrenalin (Epinephrine) Steroids (Prednisone) IV (Intravenous) Oxygen

What were **previous** sting/bite reactions like? ______________________

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Have there been **subsequent** stings/bites? What happened? ______________________

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Has patient been on insect allergy shots before (circle): Yes No

If so, for how long? ______________________