HYMENOPTERA HYPERSENSITIVITY SCREENING

Name: ____________________________________________  Age: _______  Date: ______________

Please list the stings you have had, when they occurred, under which circumstances, what your reaction was and what treatment you received.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

PREVIOUS ALLERGIC HISTORY: [ ] Respiratory (hay fever; asthma)
____________________________________ [ ] Food

PREVIOUS ALLERGY TESTING AND TREATMENT: have you ever had any of the following?

[ ] Allergy testing by Dr.____________________ Where? ______________  When? ______________
[ ] Results: __________________________________________
[ ] Allergy shots? ______________ For how long? ______________

Do you have a current prescription for an Ana-Kit or Epipen autoinjector? [ ] Yes [ ] No

PAST MEDICAL HISTORY:
Hospitalizations: __________________________________________________________

Emergency Room visits: __________________________________________________

Surgeries: ________________________________________________________________

Serious Illnesses: _________________________________________________________

CURRENT MEDICATIONS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
DRUG ALLERGIES AND REACTIONS: [ ] No known drug allergies  [ ] Yes _____________________

PHYSICAL EXAM: P  BP  RESP  TEMP

GENERAL APPEARANCE

EYES: CONJUNCTIVAE:  SCLERAE:  LIDS:

NOSE: MUCOSA:  SEPTUM:  TURBINATES:

OROPHARYNX:  TONGUE:  TONSILS:

TEETH & GUMS:  PN DRIP:

EARS:  CANALS:  TM’S:

NECK:  THYROID (ENT/Tend/Mass)

LYMPHATICS:  NECK:  AXILLA:  GROIN

CHEST:  PECUSSION:  AUSCULATION: RALES  RHONCHI  WHEEZE

CVS/HEART:  RHYTHM  PMI  HEART SOUNDS  PULSES

ABDOMEN:  SHAPE  TENDERNESS  MASSES  LIVER  SPLEEN

SKIN:  RASH  LESION  FLEXURAL ECZEMA

EXTREMITIES: CYANOSIS  CLUBBING  EDEMA  PULSES

NEURO/PSYCH:  ORIENTATION  AFFECT:

Diagnosis
1)  
2)  
3)  
4)  
5)  
6)  

Plan
1) Prevention discussed, brochure given
2) Immunotherapy: [ ] yes  [ ] no
3) Medic Alert Info given and recommended
4) Epipen 0.3 mg auto injector prescribed
5) Benadryl 50 mg po stat after stings
6) 

Follow up: