# THE ALLERGIC REACTION CHECK UP

If you have ever had an allergic reaction to any of the following items, please check the reaction(s) you have experienced in the appropriate boxes.

| | RASH | ITCHING | PAIN OR SWELLING | TIGHTNESS IN CHEST OR THROAT | WHEEZING | DIFFICULTY BREATHING | SHORTNESS OF BREATH | FEELING FAINT/DIZZY | SWELLING OF EYES, LIPS, FACE | STOMACH-ACHE | SEVERE CRAMPS, DIARRHEA |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **FOODS**<br>Peanuts or other nuts, fish or shellfish, eggs, wheat, soy, milk, other_____ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **STINGING INSECTS**<br>Bees, wasps, hornets, yellow jackets, fire ants, other_____ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **LATEX**<br>Rubber gloves, elastic, balloons, rubber bands, medical or dental equipment, other_____ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |
| **MEDICINES**<br>Penicillin, antibiotics, muscle relaxants, vaccines, other_____ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ | ❑ |

**Discuss your answers today with your doctor.**