

ALLERGY ASSOCIATES
 Frederick L. Bloom, M.D.
 Donna M. Jamieson, M.D.
 Ari Y. Zelig, M.D.
 2650 Bahia Vista Street, Suite 304
 Sarasota, FL 34239
 941-366-9711

HISTORY OF ALLERGIC REACTION TO INSECT STINGS

NAME: _____ Age _____ Sex _____ Date _____

On what date did the serious reaction to a sting occur? _____

Which insect were you stung by? _____ stinger left in? _____

How many stings on this date? _____

On which part of body were you stung? _____

Where were you when stung? (location i.e. woods..) _____

How soon after sting (hours, minutes) did you react? _____

DID YOU HAVE (please check)	YES	NO	HOW SOON	FOR HOW LONG
Itching all over				
Hives				
Generalized swelling				
Swollen tonque/lips				
Swollen eye lids				
Swelling/tightness in throat				
Trouble breathing				
Chest pain/tightness				
Wheezing				
Dizziness				
Unconsciousness				
Shock				
Nausea/vomiting				
Abdominal cramps/diarrhea				
Nasal discharge/stuffiness				
Urinary incontinence, muscle weakness				

Where was emergency treatment given? _____

What medications were given at time of sting? _____

Did you require hospitalization? _____

Do you have an emergency kit? _____

Do you have other medicines for stings? _____

How many times were you stung in the past by this insect? _____

What previous reaction did you have, if any? _____

Have you been stung since this serious reaction? _____

If so what reaction _____

Do you have unusual reactions to any other insects? _____

What do your stings look like the following day? _____

Have you ever undergone insect skin testing or desensitization shots to insects in the past? _____

List any serious medical problems (Past or present; include hospitalizations, illness, surgery) _____

List any medications you are presently taking: _____

Are you allergic to any drugs? _____ which ones? _____

Hobbies _____

Occupation _____

Any family history of allergy _____

Any family history of insect allergy _____

PLEASE NOTE: DO NOT undergo a testing session if you have been stung by a wasp, bee, yellow jacket, hornet or fire ant within the last 30 days.

DO NOT take any antihistamines 72 hours prior to testing. This includes cough syrups and other over the counter cold and sleep preparations.