

Allergy List

Date: _____

Full name: _____

Age: _____ Date of birth: _____

Relevant medical history or information (if needed):

Known allergies (if applicable):

Food allergies	Environmental allergies
<ul style="list-style-type: none">• Milk and dairy• Eggs• Fish• Crustaceans/shellfish• Tree nuts• Peanuts• Wheat• Soybeans• Sesame• Pork• Beef• Others:	<ul style="list-style-type: none">• Tree pollen• Grass pollen• Weed pollen• Mold spores• Indoor and outdoor mold• Dust• Cat (dander, hair, saliva, secretions)• Dog (dander, hair, saliva, secretions)• Cockroaches (saliva, droppings, or waste)• Smoke/smog• Mice (dander, skin, saliva, and urine)• Others:
Notes:	Notes:

Medication allergies	Insect bite/sting allergies
<ul style="list-style-type: none">• Penicillin• Antibiotics• Insulin• Chemotherapy drugs• Drugs used in anesthesia• Anticonvulsants• Substances containing iodine, such as x-ray contrast dyes• Aspirin and non-steroidal anti-inflammatory drugs (NSAIDS) like ibuprofen and aspirin• Other:	<ul style="list-style-type: none">• Ant bite• Mosquito bite• Bee sting• Wasp sting• Yello jacket sting• Hornet sting• Spider bite• Others:
Notes:	Notes:
Other allergies	
<ul style="list-style-type: none">• Cigarette smoke• Perfume• Diesel exhaust• Contact lenses• Contact lens solutions• Cosmetics• Latex• Others:	Notes:
Additional notes	