
MEDICAL FACULTY ASSOCIATES

THE GEORGE WASHINGTON UNIVERSITY

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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:	PERCUSSION:	AUSCULTATION:	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: