



Allergy and Asthma Associates, P.A.
James R. Banks, M.D. & Timothy Andrews, M.D.

**INSTRUCTIONS FOR PATIENTS ALLERGIC
TO STINGING INSECTS (bees, wasps, etc.)**

Name: _____ Date of Birth: _____

Referred by: _____

1. On the reverse side, please describe as carefully as possible, paying particular attention to **time**, all of your allergic reactions to insect stings. Note whether or not, and when, you had itching, swelling, faintness, collapse, shortness of breath, abdominal pain, tearing, etc. Note what parts were swollen, if any, and where rashes, if any, occurred. Be sure to state any treatment given and, with all of the above, note the **time** these occurred in relation to the time of the sting. If more than one sting has occurred, describe each.
2. Carefully consider your personal and family history for the presence of wheezing, bronchitis, hay fever-like symptoms or chronic nasal congestion and eczema (chronic itchy skin eruptions) unrelated to the insect sting.
3. Do you have any allergy to any medication or any other substance? If so, please list

4. Do you have any other conditions such as high blood pressure, heart disease, kidney trouble, ulcers, diabetes, etc.? Please circle all that apply or indicate none _____
5. Please list any regular medications.

6. When was your last physical examination, chest x-ray, and Tuberculin skin test?

NOTE:

1. All antihistamines, tranquilizers, sleeping pills and cold tablets need to be discontinued at least 4 days prior to testing, some 7-14 days. Please check with our office or our website if you are on such medicines to see how long you must be off before your appointment. Steroids, Sudafed, nasal sprays, asthma inhalers, blood pressure medications, diuretics, antibiotics and heart medicine, may be continued.
2. Please wear short sleeves.
3. Office space is limited; please do not bring additional family members.



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4. Be sure your appointment is at least 3 weeks after your last sting.