THE ALLERGY and ASTHMA CLINIC

PATIENT: DATE: 1. Were there any problems with your last injection? No Yes; please explain. 2. Since your last injection, has there been any decline in your allergy and asthma? No Yes; please explain. 3. Have there been any changes in your medications or your medical condition? No Yes, please explain: ASTHMA CONTROL TEST: STEP 1: Write the number of each answer in the score box provided. STEP 2: Add the score boxes for your total. 1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or a day of the time of the					
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Patient Signature		-	Patient Sign	ature	

COMMON SIGNS and SYMPTOMS OF ANAPHYLAXIS:

Hives, swelling, wheezing, chest tightness, shortness of breath, trouble breathing, feeling faint, trouble swallowing, vomiting, diarrhea, abdominal cramping.