



THE ALLERGY CLINIC

ANNUAL REVIEW

Name: _____

Male Female

Date: _____

PATIENT SECTION

Year Started Immunotherapy: _____

Currently On: Weekly Injections
 Monthly Injections

Last Injection Date: _____

Injections Administered at:

Allergy Clinic Family Doctors Office

Pharmacy Other

Reactions to injections:

- Swelling: Large Small
 None
- Hives: Yes No

• Difficulty in Breathing:
 Yes No

• Other: _____

Have you started using High Blood Pressure meds since starting injections?
 Yes No

Have you noticed an improvement in your symptoms?
 Yes No

Do you take an antihistamine prior to the injection?
 Yes No

DOCTOR SECTION

General Condition:

Injection sights:

Normal Inflamed Lumpy

ENT: _____

Skin: _____

RS: _____

Impression:

- Improving: Yes No
- Reactions:

Plan:

- Continue for _____ months

• Discontinue treatment
 Yes No

• Any instructions:

• Epipen: _____

• To review in 1 Year Yes No