



STINGING INSECT SENSITIVITY

Have you ever been stung by one of the following:

- _____ Honey bee
- _____ Hornet
- _____ Wasp
- _____ Yellow jacket
- _____ Other (specify) _____

REACTION

Type of Reaction	Date	Time of Sting to Onset of Symptoms	Duration of Symptoms
Large local swelling around the sting only			
Hives or swelling on other parts of the body			
Trouble breathing			
Feeling faint			
Vomiting			
Shock			
Others (Specify)			

TREATMENT

Where were you treated?

Emergency Room _____
 Hospital Admission: _____
 Doctor's office: _____

Dates

Medications used:

Do you carry an AnaKit or EpiPen with you? _____ Yes (Circle which one) _____ No
 Have you ever used it? _____ Yes _____ No
 If yes, when _____

SOCIAL/ENVIRONMENTAL EXPOSURE

What type of work do you do? _____

Circle the activities in which you participate:

Hiking

Camping

Outdoor Sports

Gardening

Bee Keeper

List all current medications:

List all current and past medical conditions:

Drug allergies: _____

Do you have a history of allergic rhinitis, asthma?