

Allergy & Asthma Center, P.C.

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STINGING INSECT SENSITIVITY

Patient Name			
Date of Birth		Date	

Have you ever been stung by one of the following:

Honey bee Hornet
 Wasp Yellow jacket
 Other (specify) _____

****CANNOT BE STUNG WITHIN FOUR (4) WEEKS OF APPOINTMENT****

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? _____
 Dates: _____ Medications used: _____
 Emergency Room: _____
 Hospital Admission: _____
 Doctor's office: _____

Do you carry an EpiPen Auto-Injector with you? (Circle which one) Yes No
 Have you ever used it? (Circle which one) 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
 Do you have a history of allergic rhinitis, asthma? Yes No