

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? Yes 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

Do you have a history of allergic rhinitis, asthma? Yes No