**FOOD ALLERGY CENTER OF PEORIA**

Stephen J. Smart, MD – Penelope A. Ewbank, MD
309-691-5200 …. peoriaallergy.com

Welcome to the Food Allergy Center of Peoria (Allergy & Asthma of Illinois). A detailed history of reactions to specific foods is the critical first step in evaluating potential food allergies and planning the most helpful testing and treatment. Please think about previous reactions and share below as best you can.

**PATIENT NAME: _____ DOB: _____**

**Episode # 1:**

Age / date: _____

Food product (or meal involved): _____

Timing: within 30 min, 60 min, 2 hrs, delayed or uncertain? _____

Was emergency room or epinephrine (Epipen or AuviQ) needed? _____

Check symptoms below:

Skin & mouth: ☐ hives ☐ itching ☐ rash ☐ swelling ☐ lip and/or tongue swelling ☐ difficulty swallowing ☐ hoarse voice ☐ itchy mouth ☐ throat tightening ☐ mouth or throat tingling ☐ other _____
Respiratory symptoms: ☐ chest tightening ☐ nasal congestion ☐ repetitive cough ☐ trouble breathing ☐ wheezing ☐ other _____
Gastrointestinal: ☐ belly pain ☐ cramps ☐ diarrhea ☐ nausea ☐ vomiting ☐ other _____
Cardiac: ☐ chest pain ☐ rapid heart rate ☐ fainting, or dizzy ☐ low blood pressure ☐ other_____
Other symptoms: ☐ anxiety ☐ feeling of impending doom ☐ headache ☐ other _____

**Episode # 2:**

Age / date: _____

Food product (or meal involved): _____

Timing: within 30 min, 60 min, 2 hrs, delayed or uncertain? _____

Was emergency room or epinephrine (Epipen or AuviQ) needed? _____

Check symptoms below:

Skin & mouth: ☐ hives ☐ itching ☐ rash ☐ swelling ☐ lip and/or tongue swelling ☐ difficulty swallowing ☐ hoarse voice ☐ itchy mouth ☐ throat tightening ☐ mouth or throat tingling ☐ other _____
Respiratory symptoms: ☐ chest tightening ☐ nasal congestion ☐ repetitive cough ☐ trouble breathing ☐ wheezing ☐ other _____
Gastrointestinal: ☐ belly pain ☐ cramps ☐ diarrhea ☐ nausea ☐ vomiting ☐ other _____
Cardiac: ☐ chest pain ☐ rapid heart rate ☐ fainting, or dizzy ☐ low blood pressure ☐ other_____
Other symptoms: ☐ anxiety ☐ feeling of impending doom ☐ headache ☐ other _____

**Episode # 3:**

Age / date: _____

Food product (or meal involved): _____

Timing: within 30 min, 60 min, 2 hrs, delayed or uncertain? _____

Was emergency room or epinephrine (Epipen or AuviQ) needed? _____

Check symptoms below:

Skin & mouth: ☐ hives ☐ itching ☐ rash ☐ swelling ☐ lip and/or tongue swelling ☐ difficulty swallowing ☐ hoarse voice ☐ itchy mouth ☐ throat tightening ☐ mouth or throat tingling ☐ other _____
Respiratory symptoms: ☐ chest tightening ☐ nasal congestion ☐ repetitive cough ☐ trouble breathing ☐ wheezing ☐ other _____
Gastrointestinal: ☐ belly pain ☐ cramps ☐ diarrhea ☐ nausea ☐ vomiting ☐ other _____
Cardiac: ☐ chest pain ☐ rapid heart rate ☐ fainting, or dizzy ☐ low blood pressure ☐ other_____
Other symptoms: ☐ anxiety ☐ feeling of impending doom ☐ headache ☐ other _____

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**Episode # 4:**
Age / date: _____
Food product (or meal involved): _____
Timing: within 30 min, 60 min, 2 hrs, delayed or uncertain? _____
Was emergency room or epinephrine (Epipen or AuviQ) needed? _____
Check symptoms below:

Skin & mouth: ☐ hives ☐ itching ☐ rash ☐ swelling ☐ lip and/or tongue swelling ☐ difficulty swallowing ☐ hoarse voice ☐ itchy mouth ☐ throat tightening ☐ mouth or throat tingling ☐ other _____
Respiratory symptoms: ☐ chest tightening ☐ nasal congestion ☐ repetitive cough ☐ trouble breathing ☐ wheezing ☐ other _____
Gastrointestinal: ☐ belly pain ☐ cramps ☐ diarrhea ☐ nausea ☐ vomiting ☐ other _____
Cardiac: ☐ chest pain ☐ rapid heart rate ☐ fainting, or dizzy ☐ low blood pressure ☐ other_____
Other symptoms: ☐ anxiety ☐ feeling of impending doom ☐ headache ☐ other _____

**Episode # 5:**
Age / date: _____
Food product (or meal involved): _____
Timing: within 30 min, 60 min, 2 hrs, delayed or uncertain? _____
Was emergency room or epinephrine (Epipen or AuviQ) needed? _____
Check symptoms below:

Skin & mouth: ☐ hives ☐ itching ☐ rash ☐ swelling ☐ lip and/or tongue swelling ☐ difficulty swallowing ☐ hoarse voice ☐ itchy mouth ☐ throat tightening ☐ mouth or throat tingling ☐ other _____
Respiratory symptoms: ☐ chest tightening ☐ nasal congestion ☐ repetitive cough ☐ trouble breathing ☐ wheezing ☐ other _____
Gastrointestinal: ☐ belly pain ☐ cramps ☐ diarrhea ☐ nausea ☐ vomiting ☐ other _____
Cardiac: ☐ chest pain ☐ rapid heart rate ☐ fainting, or dizzy ☐ low blood pressure ☐ other_____
Other symptoms: ☐ anxiety ☐ feeling of impending doom ☐ headache ☐ other _____

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> **IMPORTANT** >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

1. If there have been more episodes and/or different foods, please ask for a second form. If the symptoms are more *chronic*, including eczema and/or GI symptoms, please indicate this:

_____

2. Are there any foods being avoided primarily *due to positive tests* rather than observed reactions?

_____

**Quality of Life** (FAQL-PB) parental burden of food allergies …. (circle numbers - optional):

1. Frightened by thought child will have a reaction.
2. Worry won't be able to help child if they have allergic reaction.
3. Worry that child may not overcome their food allergy.
4. Sadness regarding burden child carries because of food allergy.
5. Troubled by concerns over child's health.
6. Troubled by child attending school, camp or daycare.
7. Anxiety related to child's food allergy.
8. Troubled by leaving child in care of others.
9. Concern over child being near others while eating
10. Frustration over others lack of appreciation of seriousness of allergy.
11. Worry child will not have normal upbringing.
12. Choices limited when planning a holiday.
13. Choices limited when going to a restaurant.
14. Limited when participating in social activities.
15. Have to spend extra time preparing meals.
16. Take special precautions before leaving the house.
17. Concern over child's nutrition.

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