



ASTHMA & ALLERGY CENTER

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Insect Sting Allergy Questionnaire

Patient's Name _____

DOB _____

QUESTION	Patient's Answers
How many times have you had a reaction to insect sting? When was the latest reaction?	
Give us details of the WORST sting reaction.	How long back was it? What part of body was the sting on? How many stings? Did the insect leave a stinger left at the sting site? Where were you and what were you doing when stung? Do you know what insect it was? Honeybee? Wasp? Yellow Jacket? Hornet? Not Sure / Don't Know
With respect to the worst sting, what symptoms did you have? Mark & Circle applicable symptoms in the right box.	<input type="checkbox"/> Large Local Reaction <input type="checkbox"/> Hives away from the site of sting <input type="checkbox"/> Swelling of Lip / Eyelids / Tongue / Throat / other area <input type="checkbox"/> Shortness of Breath / Chest Tightness / Wheezing / Asthma Attack <input type="checkbox"/> Cold Sweats / Fainting / Drop in Blood Pressure if measured <input type="checkbox"/> Nausea / Vomiting / Stomach Cramps <input type="checkbox"/> Taken to ER or Urgent-Care <input type="checkbox"/> Delayed Large Local Reaction lasting 3 to 5 days
If you went or were taken to Emergency Room or Urgent Care, please describe what treatment was given.	<input type="checkbox"/> Did you get an Epi shot after the sting (at home, en-route or at ER)? <input type="checkbox"/> How many hours were you observed in the ER? _____ <input type="checkbox"/> Were you admitted for observation? For how long? _____ Writ more details of treatment you received for the insect sting.
Epi Auto-injector	Did you get a prescription for Epi pen after that sting episode? Do you keep it wit you all the time? Are you confident you can and will use it if your are stung again?
Describe the Effect of Fear of getting stung on your Quality of Life	Describe:
Are you at higher risk of getting stung due to your job, hobbies, home location ttc.?	
Is there anything else you want to tell us about your insect sting reaction or allergy ?	

PROVIDER'S NOTES: Reaction Classification: Systemic Pure Cutaneous (Severe)
 Pure Cutaneous (Mild) Sig QOL issue

PLAN: _____ Skin Tests 5 insects _____ RAST 5 insects

_____ MD / PAC
 SK / MG / JK / TMK / CMK
 JT / KS / LMc / CE / LG / SB