Patient Name:

DOB:

### CLINIC NAME / LOGO

## Advanced Allergy Care Questionnaire

# Please Check Any Box That Applies

History of anaphylaxis during allergy immunotherapy (allergy shots)

Failed allergy immunotherapy in the past

Hospitalized for allergies in the past year

Steroid injection for allergies in the past 3 months

Uncontrolled, severe asthma

Heart failure

Renal disease

Chronic obstructive pulmonary disease (COPD)

Untreated anxiety

Severe, untreated depression

Currently undergoing cancer treatment

Pregnant

Actively trying to get pregnant

Taking immunosuppressant medication

|  |  |
| --- | --- |
| For Office Use Only: |  |
| Refer to Specialist | In-Office Treatment |