

Insect Allergy
(only fill out if you are being seen for insect allergy)

Asthma & Allergy Institute of Michigan
Jeffrey M. Bruner, D.O., P.C.
John Frith, D.O.
Amanda Thomas MS, PA-C
42607 Garfield, Clinton Twp., MI 48038
586.286.9010

Patient Name: _____ Date: _____

What date did your reaction occur?

Please describe the location of the sting and what happened at the time of the sting:

What caused the sting? (circle)

Bee Wasp Yellow Jacket Hornet Ant Unknown

The symptoms that occurred after the sting (circle the appropriate symptoms)

swelling at the site	trouble breathing
distant swelling (i.e. lips, tongue)	trouble swallowing
hives	vomiting
loss of consciousness	dizziness

Did you receive treatment at an emergency room?
If yes, which one?

What did they give you? (circle)

Benadryl	Epinephrine	Steroids
IV fluids	Other	I don't know

Do you have an EpiPen? (circle) Yes No
If yes, have you ever used it and when?

Have you ever been stung before? (circle) Yes No
If yes, when and describe the reaction: