PURDUE CENTER FOR HEALTHLY LIVING ALLERGY INJECTION MEDICAL HISTORY UPDATE FORM Patient Information (TO BE COMPLETED BY PATIENT)

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1	HEALTH

Name (please print):	DOB:	Date:	
Best contact #:	l	Other contact #:	
Emergency Contact Information			
Name:	Relationship:		
Best Contact #:		,	
Can we share details with this contact about y		ondition in an emergency? Y	es NO
Emergency Contact Information- Alternate (O	ptional)		
Name:		Relationship:	
Best Contact #:			
Can we share details with this contact about y	ourmedical co	ondition in an emergency? Y	es NO
Allergist Information			
Name:		Phone # After hours/Back office #	
Medical Information Update			
List current medications:	List any medication allergies:		
HistoryofAsthma Yes No	If yes, please describe:		
History of serious reaction to allergy injection	If yes, please describe:		
Any changes in health status in the past year?	If yes, please describe:		
History of, or are now taking beta-blockers?	Yes No	If yes, which one: Beta-blockers (not all inclusive): Acebutole (Tenormin), Bisoprolol (Zebeta), Metopro Nebivolol (Bystolic), Propanolol (Inden	olol, Nadolol (COngard),
CLINIC USE ONLY: Review annually, use	a new form fo	r any changes.	
Reviewed: (Print Name)	Date:	Signature:	
Or The Administration of Allergen Immunotherapy have reviewed the patient's order for allergy in patient, and approved the administration of alle appointments for allergy injections.	jections and as	received in the Purdue Center fo sociated documents, have con	sulted with the
CHL Provider Printed Name	Provider Si	gnature	Date

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