

PURDUE CENTER FOR HEALTHY LIVING
ALLERGY INJECTION MEDICAL HISTORY UPDATE FORM

Patient Information (TO BE COMPLETED BY PATIENT)		
Name (please print):	DOB:	Date:
Best contact #:		Other contact #:
Emergency Contact Information		
Name:		Relationship:
Best Contact #:		
Can we share details with this contact about your medical condition in an emergency? Yes NO		
Emergency Contact Information- Alternate (Optional)		
Name:		Relationship:
Best Contact #:		
Can we share details with this contact about your medical condition in an emergency? Yes NO		
Allergist Information		
Name:		Phone # After hours/Back office #
Medical Information Update		
List current medications:		List any medication allergies:
History of Asthma Yes No		If yes, please describe:
History of serious reaction to allergy injection: Yes No		If yes, please describe:
Any changes in health status in the past year? Yes No		If yes, please describe:
History of, or are now taking beta-blockers? Yes No		If yes, which one: Beta-blockers (not all inclusive): Acebutolol (Sectral), Atenolol (Tenormin), Bisoprolol (Zebeta), Metoprolol, Nadolol (Corgard), Nebivolol (Bystolic), Propanolol (Inderal LA)
CLINIC USE ONLY: Review annually, use a new form for any changes.		
Reviewed: (Print Name)	Date:	Signature:

Onsite Provider Approval

The Administration of Allergen Immunotherapy Form has been received in the Purdue Center for Healthy Living. I have reviewed the patient's order for allergy injections and associated documents, have consulted with the patient, and approved the administration of allergy injections in the health center. The patient is cleared to make appointments for allergy injections.

CHL Provider Printed Name

Provider Signature

Date