

Please answer as many as possible of the questions below

Patient Name	
Case Number	
Date of Birth	
When was the Allergy diagnosed?	
By whom?	GP or Specialist
What kind of allergic symptoms do you have?	
Current treatment/Drug name	
When was this treatment started?	
Has this drug relieved your	
If Yes....	Slightly Moderately Very Much
Have you received other drugs before?	
Which ones?	
For how long?	

Thank you for your kind co-operation

