

# Patient Allergies

Please answer the following questions regarding possible allergens:

1) Do you have any allergies?

Yes

No

2) Please indicate which of the following substances you are allergic to:

- |                                                     |                                                 |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Accupril (Quinapril)       | <input type="checkbox"/> Glucotrol (Glipizide)  |
| <input type="checkbox"/> Acetaminophen              | <input type="checkbox"/> Heparin                |
| <input type="checkbox"/> Acyclovir                  | <input type="checkbox"/> Ibuprofen              |
| <input type="checkbox"/> Advil (Ibuprofen)          | <input type="checkbox"/> Inderal (Propranolol)  |
| <input type="checkbox"/> Altace (Ramipril)          | <input type="checkbox"/> Indocin (Indomethacin) |
| <input type="checkbox"/> Ampicillin                 | <input type="checkbox"/> Insulin (Animal)       |
| <input type="checkbox"/> Amaryl (Glimepiride)       | <input type="checkbox"/> Iodine or Shellfish    |
| <input type="checkbox"/> Augmentin (Amoxicillin)    | <input type="checkbox"/> Keflex (Cephalexin)    |
| <input type="checkbox"/> Aspirin                    | <input type="checkbox"/> Klonopin               |
| <input type="checkbox"/> Bactrim (Sulfamethoxazole) | <input type="checkbox"/> Lasix (Furosemide)     |
| <input type="checkbox"/> Biaxin                     | <input type="checkbox"/> Latex                  |
| <input type="checkbox"/> Carafate (Sucralfate)      | <input type="checkbox"/> Levofloxacin           |
| <input type="checkbox"/> Ceclor (Cefaclor)          | <input type="checkbox"/> Lidocaine              |
| <input type="checkbox"/> Celebrex                   | <input type="checkbox"/> Lipitor                |
| <input type="checkbox"/> Cephalosporins             | <input type="checkbox"/> Lodine                 |
| <input type="checkbox"/> Cipro (Ciprofloxacin)      | <input type="checkbox"/> Lopressor (Metoprolol) |
| <input type="checkbox"/> Clinoril (Sulindac)        | <input type="checkbox"/> Micronase (Glyburide)  |
| <input type="checkbox"/> Contrast Media (Ioversol)  | <input type="checkbox"/> Minocin (Minocycline)  |
| <input type="checkbox"/> Codeine                    | <input type="checkbox"/> Morphine               |
| <input type="checkbox"/> Coumadin                   | <input type="checkbox"/> Motrin (Ibuprofen)     |
| <input type="checkbox"/> Darvon                     | <input type="checkbox"/> Naprosyn (Naproxen)    |
| <input type="checkbox"/> Demerol                    | <input type="checkbox"/> Neptazane              |
| <input type="checkbox"/> Depakote                   | <input type="checkbox"/> Niacin                 |
| <input type="checkbox"/> Diabeta (Glyburide)        | <input type="checkbox"/> Oxycodone              |
| <input type="checkbox"/> Diamox                     | <input type="checkbox"/> Peanut                 |
| <input type="checkbox"/> Dicloxacillin              | <input type="checkbox"/> Penicillin             |
| <input type="checkbox"/> Doxycycline                | <input type="checkbox"/> Percocet (Oxycodone)   |
| <input type="checkbox"/> Egg                        | <input type="checkbox"/> Persantine             |
| <input type="checkbox"/> Erythromycin               | <input type="checkbox"/> Phenytoin              |
| <input type="checkbox"/> Famotidine                 | <input type="checkbox"/> Plavix                 |
| <input type="checkbox"/> Flagyl                     | <input type="checkbox"/> Pravachol              |
| <input type="checkbox"/> Floxin                     |                                                 |

- |                                                    |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Prevacid                  | <input type="checkbox"/> Zithromax              |
| <input type="checkbox"/> Prilosec                  | <input type="checkbox"/> Zocor (Simvastatin)    |
| <input type="checkbox"/> Prinivil                  | <input type="checkbox"/> Zestril                |
| <input type="checkbox"/> Quinolones                | <input type="checkbox"/> Zyloprim (Allopurinol) |
| <input type="checkbox"/> Ranitidine                | <input type="checkbox"/> Other #1 _____         |
| <input type="checkbox"/> Septra (Sulfamethoxazole) |                                                 |
| <input type="checkbox"/> Sulfa                     |                                                 |
| <input type="checkbox"/> Tagamet (Cimetidine)      |                                                 |
| <input type="checkbox"/> Tegretol (Carbamazepine)  |                                                 |
| <input type="checkbox"/> Tenormin (Atenolol)       |                                                 |
| <input type="checkbox"/> Tetanus Toxoid            |                                                 |
| <input type="checkbox"/> Tetracycline              |                                                 |
| <input type="checkbox"/> Ticlid                    |                                                 |
| <input type="checkbox"/> Valium (Diazepam)         |                                                 |
| <input type="checkbox"/> Vancomycin                |                                                 |
| <input type="checkbox"/> Vasotec                   |                                                 |