Dallas**Allergy**Immunology

ALLERGY SHOT ADMINISTRATION RECORD

NAME: _____ **PRESCRIBING PHYSICIAN:** _____

I.T. EXTRACT(S): **SET A:** _____ **SET B:** _____ **SET C:** _____

EXPIRATION DATE(S): **SET A:** _____ **SET B:** _____ **SET C:** _____

DOSE / INTERVAL: **SET A:** _____ **SET B:** _____ **SET C:** _____

Dx: ___ **ALLERGIC RHINITIS** ___ **ASTHMA** **PEAK FLOW BEST / 80% CUTOFF:** _____ / _____ **LPM**

DATE (YR:____)	TIME	PF (PRE)	PF (POST)	LATE RXN* LAST INJ?	B-BLOCKER? (circle)	SET/VIAL	DOSE (cc)	LID. 0.05 cc	ARM (circle)	LOCAL RXNs (circle)*	INITIALS
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	
				NEG / A / B / C	Y / N				R / L	NEG / A / B / C	

***NOTE: Document systemic reactions on *Reaction Flowsheet*.**

Local Reaction Criteria (measured induration):

A: <25mm (smaller than a quarter)

B: 25-50mm (quarter to silver dollar size)

C: >50mm (larger than a silver dollar)

Initials	Signature
_____	_____
_____	_____
_____	_____