

# Academy Asthma, Allergy, & Sinus Center

Ashok, PC

3116 N. Elizabeth Pueblo, CO 81008

719-542-7222

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## FOOD REACTIONS

Name of Food							
Date of the reaction							
What symptoms did you develop after eating the food?							
How long did the reaction last?							
Amount of food eaten which caused the reaction?							
Within how long after ingestion of the food did you develop symptoms?							
What did you do for the treatment?							
Have you eaten the food again?							
If so, was there a reaction again?							