



Immunotherapy Pre- Injection Questionnaire

This questionnaire is designed to optimize safety precautions already in place for your allergen immunotherapy injections (allergy shots). Please review and answer the following questions. The staff will review your responses and notify the physician if they have any questions or concerns about whether you should receive your injections today.

1. Are you pregnant or have you been diagnosed with a new medical condition? **Yes No**
2. Have you had increased asthma symptoms (chest tightness, increased coughing, wheezing, or shortness of breath) in the past week? **Yes No**
3. Have you had a cold, respiratory tract infection, or flu like symptoms in the past 3 days? **Yes No**
4. Did you have any problems such as increased allergy or asthma symptoms, hives, or itching other than at the injection site within the past 12 hours of receiving your last injection, or swelling at the injection site that persisted into the next day? **Yes No**
5. Are you on any new medications? Any new eye drops? **Yes No**