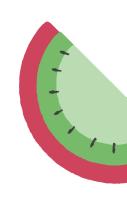




INTRODUCTION



FOOD ALLERGY ASSESSMENT







Family and Food Matters

Date:

Food Allergy Survey

Name:_____

1. Do	you	have any food allergie	s?	□No □	lYes	□Not S	Sure	
	If y	es, please check the foo	ds th	at have cause	ed an al	lergic rea	ction:	
		Peanuts		Fish/shellfish	h		Eggs	
		Peanut or nut butter		Soy products	s		Milk	
		Peanut or nut oils		Tree nuts (w	/alnuts,	almonds	, pecans, etc.)	
		Other, please explain:						
2 E2								
	-	ı to have a reaction to t	he p	roblem food(s	s), wha	t has to	happen? (Check	all tha
	<i>(</i>)	to have a reaction to to	·		•		happen? (Check smell the food(s)	all tha
	<i>()</i> □E		<u> </u>	Touch the food	d(s)	□S	Smell the food(s)	all tha
apply	<i>()</i>	Eat the food(s)		Touch the food	d(s)	□S	smell the food(s)	all tha
apply	y) □E	Eat the food(s) Other, please explain:	ctio	Touch the food	d(s)	□S I Not Sur	smell the food(s)	all tha
apply 3. Do	y) □E □C you If y	Eat the food(s) Other, please explain: have any dietary restri	ction	Touch the food	d(s)	□S I Not Sur	e	all tha
apply 3. Do	y) □E □C you If y you	Eat the food(s) Other, please explain: have any dietary restri res or not sure, please ex	ction ctions	Touch the food	iYes IYes	□S I Not Sur	e	all tha
3. Do 4. Do	yyou If y you If y there	Eat the food(s) Other, please explain: have any dietary restri res or not sure, please ex have any dietary avers	ction cplair cplair cplair	Touch the food is? □No □ i: □ ithink we show	iYes IYes IYes IYes	□S I Not Sur	e	_