Food Challenge Data Collection Sheet

**Review of systems**

**Constitutional:** Fatigue, fever, sleeping problems

**HEENT:** chronic congestion, mouth breathing, runny nose, frequent sneezing, post-nasal drip, shortness of breath, eye swelling / itch / redness, itchy ear(s), ear pain, difficulty swallowing, hoarseness

**Respiratory/Thorax:** cough, shortness of breath, wheezing.

**Cardiovascular:** chest pain, irregular heartbeat, blacking out

**Gastrointestinal:** abdominal pain, diarrhea, constipation, heartburn, nausea, vomiting,

**Current medications**

**History of present illness**

Complaints:

Recent exposure / reaction history:

Food-specific IgE results:

Skin test results:

**Targeted physical exam**

Weight:

Pre-challenge exam:

Post-challenge exam:
# Food challenge data

Food name: ___________________  Target dose: _________________

Medications doses for treating reactions:

Benadryl: ____________  Epinephrine: ____________  Prednisolone: ____________

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<th>Dose percentage</th>
<th>Time Given</th>
<th>Symptoms</th>
<th>Treatment</th>
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Post challenge assessment and plan: