

# My Allergies

Name:
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Food Allergies	
Allergic to:	Medication prescribed:

Natural/Seasonal Allergies	
Allergic to:	Medication prescribed:

Animals	
Allergic to:	Medication prescribed:

Medications	
Allergic to:	Medication prescribed:

Other Allergies	
Allergic to:	Medication prescribed:

Physician information
Name:
Address:
Phone: