

Record of Incidences

List in this section all anaphylactic episodes so that you can discuss these with your doctor in order to recognise any common triggers.
This information is useful to your doctor/consultant in an emergency.

Your Name:

Date Incidence occurred:		Date Incidence occurred:		Date Incidence occurred:	
No. of AAI's administered:		No. of AAI's administered:		No. of AAI's administered:	
Known trigger:		Known trigger:		Known trigger:	
Any problems/ questions with administering your AAI Pen?		Any problems/ questions with administering your AAI Pen?		Any problems/ questions with administering your AAI Pen?	

Remember to discuss any problems you had with your doctor