Barth Syndrome Foundation®

# Medical Binder
# My Allergies

| NAME | | | | | | | | | | DATE OF BIRTH | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Allergy | Life Threatening | Difficulty Breathing | Runny Nose | Scratchy Throat | Facial/ Neck Swelling | Hives | Rash | Flushing | Itching | Constipation | Diarrhea | Other |
| *Food Items (ie, shellfish, peanuts, eggs, wheat, soy etc.)* | | | | | | | | | | | | |
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| *Beverages (ie, beer, other alcohol, fruit juices with dyes, dairy, other)* | | | | | | | | | | | | |
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| *Medications (ie, antibiotics, pain medications, anesthetics, other)* | | | | | | | | | | | | |
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| *Inside Environment (ie, dust, mold, cleaning products, other)* | | | | | | | | | | | | |
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| *Outside Environment (ie, pollen, grasses, trees, other)* | | | | | | | | | | | | |
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| *Animals and Insects (ie, cats, dogs, insects, other)* | | | | | | | | | | | | |
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**Barth Syndrome Foundation**

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