



# ALLERGY ALERT SHEET

Please list Allergies, Adverse Reactions, and Physical Problems below:

ALLERGIES:

ADVERSE REACTIONS:

1. \_\_\_\_\_

4. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

Primary Care Physician or Clinic: \_\_\_\_\_

Telephone Number \_\_\_\_\_

FAX Number \_\_\_\_\_

Date	Physical Problems	Comments	Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Physician's Signature

## ALERT SHEET

San Bernardino County

Department of Behavioral Health

Confidential Patient Information

See W&I Code 5328

Name:

Chart No:

DOB:

Program: