|  |  |
| --- | --- |
| **SIMULATION IP – PROFIL DES ALLERGIES** | \*  *\*info du patient ici\** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Allergies** | | | **Réaction** | | | **Initiales** | |
|  | **Aucune allergie** | | |  | | |  | |
|  | **Latex :**  **oui**  **non** | | |  | | |  | |
|  | **Allergies medicaments :** | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  | **Intolérances médicamenteuses :** | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  | **Allergies aliments :** | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  | **Intolérances alimentaires :** | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  | **Autres :** | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
| **Signature** | | **Init.** | **Signature** | | **Init.** | **Signature** | | **Init.** |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |
|  | |  |  | |  |  | |  |