

# Allergy Disclosure Letter

Date: [Insert Date]

To: [Medical Professional's Name]

Address: [Medical Professional's Address]

Dear [Medical Professional's Name],

I am writing to formally disclose my allergies to ensure that my medical care is as safe and effective as possible. Below is a detailed list of my known allergies:

## Allergens:

- **Food Allergies:** [List food allergies, e.g., peanuts, shellfish]
- **Environmental Allergies:** [List environmental allergens, e.g., pollen, dust mites]
- **Medication Allergies:** [List medication allergies, e.g., penicillin, sulfa drugs]

## Severity of Reactions:

For each allergen listed above, the severity of my reactions can range from mild symptoms such as [describe mild symptoms] to severe reactions including [describe severe reactions, e.g., anaphylaxis].

## Current Medications:

As a precaution, I am currently taking the following medications:

- [Medication 1]
- [Medication 2]

## Emergency Contact:

In the event of a severe allergic reaction, please contact:

Name: [Emergency Contact Name]

Phone Number: [Emergency Contact Phone Number]

Thank you for attending to this important information regarding my health. Please let me know if you need any further details or if there are specific procedures you would like me to follow during my visits.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]