

Allergy Management Strategy

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Healthcare Professional: [Insert Your Name and Title]

Facility: [Insert Facility Name]

Allergy Information

Identified Allergens:

- [Allergen 1]
- [Allergen 2]
- [Allergen 3]

Management Strategy

Following the guidelines for managing the identified allergies, the following strategy is recommended:

1. Avoidance of allergens.
2. Education regarding allergic reactions and emergency responses.
3. Medications to carry, if applicable:
 - [Medication 1]
 - [Medication 2]
4. Emergency plan in case of an allergic reaction.

Follow-Up

Next appointment is scheduled for: [Insert Date].

For any concerns, please contact [Insert Contact Information].

Thank you,

[Insert Your Name]

[Insert Your Title]

[Insert Facility Name]