

This registry is for people who are allergic to food, insect stings, medication, latex or exercise. It may also be of benefit to people who are intolerant or sensitive to foods.

It is designed to benefit you in two ways. Your specific information will allow us to provide **you** with relevant **clinical and educational updates** as well as **product recalls**. It will also give us statistical data for **research studies, advocacy** and **fund-raising**.

When we approach the food industry, government, airlines, railways, schools or drug companies, we need data that clearly demonstrate the magnitude and severity of this problem. Please help us compile this valuable information.

All responses are confidential. Your information will be kept on a separate server and accessible only by Anaphylaxis Canada. You will receive confirmation of your submission and a registry PIN number. You will need this number to make changes to your file. The Canadian Anaphylaxis Registry is provided free of charge as a public service. **Call to find out benefits of membership in Anaphylaxis Canada.**

Please fax or mail this form to the address below or submit on-line at www.anaphylaxis.ca.

Date: _____ Name of Person with Allergy: _____

Date of Birth: _____ / _____ / _____ Gender: Male Female
month day year

Individual is Allergic or Anaphylactic to: Food Insect Stings Medication Latex Exercise Other

Intolerant to: Food Other

Associated Medical Problems: Asthma Hay-fever Eczema

Other Relevant Medical Problems (specify): _____

If you have food-induced allergy or intolerance please indicate the allergen:

peanut tree nuts (e.g. cashew, pecan, walnut) milk egg soy fish shellfish wheat seeds
 sulfate other (specify): _____ Age at time of diagnosis: (years) _____

Number of reactions requiring epinephrine: _____

Do you carry injectable epinephrine? yes no Are you currently a member of Anaphylaxis Canada? yes no

Do you wear a MedicAlert® bracelet? yes no Would you like to be involved as a volunteer? yes no

Would you be willing to participate in research studies? yes no Would you be willing to be included in food industry surveys? yes no

Do you belong to a Support Group? yes no

name of group: _____

In order to receive your alert notices, please fill in the information below:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: Res: () _____ Bus: () _____

Fax: () _____ e-mail: _____

Recall Alerts and other communication sent by e-mail will be at no charge. Other information and newsletters are available to members of Anaphylaxis Canada.