Oral Allergy Syndrome Chart

Patient Name: _____ **Date of Birth:** _____ dd / mm / yyyy

Gender: _____

Medical History (if needed):

SYMPTOMS

Itchy/Tingly mouth

- [ ] Itchy/Tingly mouth

Hives in the mouth

- [ ] Hives in the mouth

Sore/scratchy throat

- [ ] Sore/scratchy throat

Swelling lips/mouth/tongue/throat

- [ ] Swelling lips/mouth/tongue/throat

Other:

Referring Physician's Name: _____ **Contact Number:** _____

ORAL ALLERGY SYNDROME CHART

Season: Spring (Birch) | Fruits: Apple, Apricot, Cherry, Peach, Pear Plum, Kiwi | Vegetables: Carrot, Celery, Parsley | Seeds and Spices: | Nut and Legumes: Peanut, Soybean, Almond, Hazelnut

Season: Summer (Timothy and Orchard Grass) | Fruits: Peach, Watermelon, Orange, Tomato | Vegetables: White Potato | Seeds and Spices: | Nut and Legumes:

Season: Late Summer-Fall (Ragweed) | Fruits: Cantaloupe, Honeydew, Watermelon, Banana | Vegetables: Cucumber, White Potato, Zucchini | Seeds and Spices: | Nut and Legumes:

Season: Fall (Mugwort) | Fruits: | Vegetables: Bell Pepper, Broccoli, Cabbage, Cauliflower, Chard, Garlic, Onion, Parsley | Seeds and Spices: Aniseed, Caraway, Coriander, Fennel, Black Pepper | Nut and Legumes:

Additional Notes: