

# Patient Card

**Name:** .....

**Address:** .....

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**Phone:** .....

**Date of birth:** .....

**Emergency contact #1:** .....

**Phone:** .....

**Emergency contact #2:** .....

**Phone:** .....

This person is **PEANUT-ALLERGIC** and is receiving **PALFORZIA®** (defatted powder of *Arachis hypogaea L.*, semen [peanuts]), to treat peanut allergy. Adverse reactions (including **ANAPHYLAXIS**) with this immunotherapy can be severe and may require emergency treatment with **ADRENALINE** which this person should carry with them at all times.

If you suspect that this person is having **ANAPHYLAXIS**, give a dose of **ADRENALINE** according to the instructions on the adrenaline autoinjector, and contact **EMERGENCY SERVICES** on 999 **immediately**. Common symptoms of **ANAPHYLAXIS** include: abdominal pain, itching, hives, rash, nausea, vomiting, throat tightness/closure, shortness of breath, wheezing, coughing, dizziness, passing out, and weak pulse.

## Patient Medical Information

**Allergies:** .....

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**Other medical conditions:** .....

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**Other medications:** .....

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**Physician:** .....

**Phone:** .....

Please keep this card with you at all times, ensure that the information is up-to-date and that you show a doctor if you need any treatment