



ALLERGIEZENTRUM SCHWEIZ  
CENTRE D'ALLERGIE SUISSE  
CENTRO ALLERGIE SVIZZERA

## Important general information

### Allergy ID card

If you are diagnosed with a severe allergy, your doctor will give you an allergy ID card (emergency medical ID). In Switzerland it is available in German, French and Italian, always combined with English. Always carry your allergy ID card with you, preferably in your wallet, in order to be able to show it in an emergency situation.

### Doctor

If an allergy is suspected, your GP or paediatrician can do a first allergy evaluation. For some kind of examinations, you will be referred to a specialist (allergologist).

### Emergency situation

In an emergency situation contact immediately your doctor or request an ambulance (phone number 144).

### Costs

The costs for allergy evaluation are covered by the compulsory health insurance in Switzerland. However, the drug costs are not always covered by the insurance. Your doctor or pharmacist can give you further information.

### Contacts/Addresses

#### *aha! Swiss Allergy Centre*

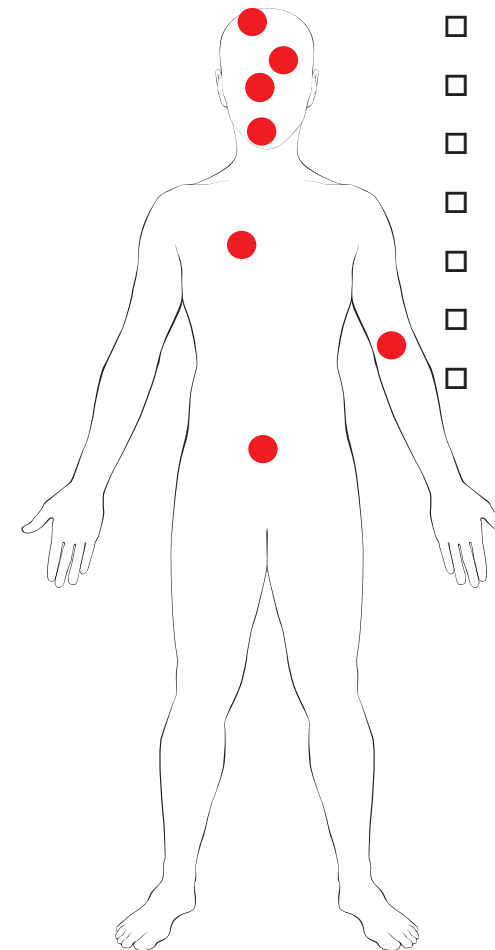
- Free-of-charge advice,  
aha!infoline 031 359 90 50, info@aha.ch
- Detailed brochures on different subjects concerning allergies, asthma, atopic dermatitis and intolerances
- Exchange groups in various Swiss cities
- Website providing a lot of information and various offers of training courses: [www.aha.ch](http://www.aha.ch)

#### *Counselling centres*

- Mothers and fathers advice centres ([www.muetterberatung.ch](http://www.muetterberatung.ch))
- Social services of your municipality

## Questionnaire – Do I have an allergy?

### Where do you experience problems?



- ☐ Headaches
- ☐ Irritated and red eyes
- ☐ Runny or blocked nose, strong sneeze attacks
- ☐ Itching, swelling of the mouth during a meal
- ☐ Shortness of breath, asthma
- ☐ Digestive problems
- ☐ Redness, wheals, skin rash, itching

### When do you experience symptoms?

- ☐ January      ☐ February      ☐ March      ☐ April
- ☐ May      ☐ June      ☐ July      ☐ August
- ☐ September      ☐ October      ☐ November      ☐ December
- ☐ During the entire year

### When do these symptoms occur mostly?

- ☐ In the morning    ☐ In the afternoon    ☐ In the evening    ☐ At night
- ☐ During the whole day

- ☐ Indoor      ☐ Outdoor      ☐ In contact with animals
- ☐ In contact with \_\_\_\_\_
- ☐ After eating      ☐ After taking medication
- ☐ While using cosmetic and care products
- ☐ After an insect bite

### When did the symptoms occur for the first time?

Year: \_\_\_\_\_ At the age of: \_\_\_\_\_

### Do you suffer from a food allergy?

- ☐ Milk and dairy products      ☐ Cereals (wheat, spelt, rye, etc.)
- ☐ Eggs      ☐ Meat
- ☐ Fish      ☐ Shellfish and crustaceans (mussels, crabs)
- ☐ Vegetables      ☐ Fruit
- ☐ Alcoholic drinks      ☐ Nuts (tree nuts, cashews, etc.)
- ☐ Peanuts

### Do you have domestic animals?

- ☐ Yes      ☐ No      ☐ If yes, which ones? \_\_\_\_\_

### Describe your work environment

- ☐ Office
- ☐ Construction site
- ☐ Outdoors (garden, parks, etc.)
- ☐ Clinical environment (hospital, nursing, etc.)
- ☐ Kitchen/take away/gastronomy
- ☐ Cleaning
- ☐ At home
- ☐ Other \_\_\_\_\_.