

Food Allergy, Food Intolerance and diet form

Name:.....

Preferred diet (Please tick):

- ☐ No preferences
- ☐ Vegan
- ☐ Vegetarian
- ☐ Pescatarian
- ☐ Low Carb
- ☐ Other (Please explain)

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Allergies and food intolerance (please tick):

<i>Allergens</i>	Allergic	Intolerant
<i>Peanuts</i>		
<i>Fish/Shellfish</i>		
<i>Eggs</i>		
<i>Peanut or nut butter</i>		
<i>Soy products</i>		
<i>Milk</i>		
<i>Nut oils</i>		
<i>Tree nuts (Walnuts, almonds, pecans etc)</i>		
<i>Sugar</i>		
<i>Mushroom</i>		
<i>Gluten</i>		
<i>Sulphite</i>		
<i>Lupins</i>		
<i>Mustard</i>		
<i>Celery</i>		
<i>Sesame</i>		
<i>Other (write name of allergen):.....</i>		

If you have allergic reaction to certain food, do you have to use antihistamines and/or EpiPen?
(Please tick)

Yes ☐ No ☐

If answered "Yes": do you always carry medication with you? Yes ☐ No ☐

Any other information:.....