## doctor discussion guide

Do you experience uncomfortable or painful episodes of swelling?

Yes   No		Yes		No
----------	--	-----	--	----

awareness, answers, action

know

areas where swelling has occurred		additional symptoms		
		skin		
~	Face/Lips	Itchiness	Yes	🗌 No
-	—— 🗌 Throat	Hives	Yes	🗌 No
		abdomen		
	Abdomen	Swelling of the abdomen	Yes	🗌 No
		Abdominal pain	Yes	🗌 No
	——— 🗌 Arms/Hands	Diarrhea	Yes	🗌 No
-	Genitals	Nausea	Yes	🗌 No
		Vomiting	Yes	🗌 No
		Other:		
		throat		
	—— 🗌 Legs/Feet	Difficulty swallowing	Yes	🗌 No
		Difficulty breathing	Yes	No
	Other:	Voice changes	Yes	🗌 No
	ve with antihistamines, glucocort		🗌 Yes	🗌 No
	-	lness, a non-itchy rash, or tingling)?		
Have you noticed if your s	swells are related to any triggers (	(eg, stress, infection, menstruation, or in	jury)?	
my history				
Does anyone in your famil	ly have similar symptoms?		Yes	🗌 No
When did your symptoms begin (eg, during childhood, adolescence, or adulthood)?		Number of ER visits in the last year due to swelling or abdominal pain		
Have you undergone a sur	gical procedure that hasn't helpe	ed your symptoms?		

Current	medications
---------	-------------

