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|  | | | | | | | | | | | | **Name:** | |  | | | | |
| **Infection log during home immunoglobulin treatment** (Please list details of all infections if two at once) | | | | | | | | | | | | | | | | | | |
| Infection onset date | Infection site \* | Symptom details  (use key listed below \*) | | | | | GP visit  yes/no | Treatment (antibiotics/other) | | | | | Days off work/school | | Sample taken (please list blood, sputum etc) | | Results normal yes/no | Hospital admission yes/no |
| 1 | 2 | 3 | 4 | 5 | Dose | | Name | No. days | |
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| **\*Infection Site** (please tick (✓) for relevant symptoms in boxes above) | | | | | | | | | |  |  | |  | |  | |  |  |
| **Chest** | | | | **Sinus** | | | |  | **Urinary** | |  | | **Stomach/bowel** | | | **Other** | |  |
| 1. Sputum y= yellow g= green | | | | 1. Painful/tender sinus | | | |  | 1. Increased frequency of urine | | | | 1. Diarrhea | | | 1. Eyes | |  |
| 2. Increasing cough | | | | 2. Drip in back of throat | | | |  | 2. Burning/pain on passing urine | | | | 2. Weight loss | | | 2. Abscess | | |
| 3. Shortness of breath | | | | 3. Headache | | | |  | 3. Fever | |  | | 3. Stomach pain | | | 3. Skin | |  |
| 4. Chest pain | | | | 4. Nasal drip y= yellow g= green | | | | | 4. Accidental urine loss | | | | 4. Fever | |  | 4. Ears | |  |
| 5. Fever | | | | 5. Fever | | | |  | 5. Pain in side | | | |  | |  | 5. Mouth ulcers/cold sores | | |
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| **Please return completed form to:** | | | | | | |  | | | | | | | | | | | |
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| **If you have any problems please call:** | | | | | | |  | | | | | | | | | | | |
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