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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 visityes/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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