

Name: _____

Address: _____

Date of birth: _____

CR number: _____

NHS number: _____

*Affix patient label***Allergy history sheet****Referral details**

Referrer (GP / Cons / Dietician / Other):	Clinic date:	Time:
Reason for referral:	Allergy nurse: Yes	No
Referral date:	RMS Guideline compatible: Yes	No
If not RMS compatible, reason?		

Problem list

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Medications

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History of presenting complaint

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Feeding / dietary history	
Breast fed? How long?	Bottle fed? How long?
Growth normal?	Dietician involved: Yes No
Common foods tolerated: Yes No - Cows milk - Egg - Nuts - Wheat - Fish - Shellfish	Hospital visits due to food allergy?
Anaphylaxis due to food?	
Allergic co-morbidities	
Eczema	
Age of onset	
Where on the body is the eczema?	
Triggers?	
Seasonality?	
Sleep quality / QoL in general	
Dermatologist involved?	
Asthma	
Age of onset / who diagnosed	
Triggers:	
Previous hospital admissions?	If so, HDU?
Episodes requiring oral steroids?	

affix patient label

Allergic co-morbidities cont...

Rhinitis

Age of onset	
Symptoms / effect on lifestyle	
Seasonality?	
Sleep disturbance / snoring	
Medication usage / compliance	

Urticaria (not always due to Allergy)

Age of onset:	
Triggers: - foods - heat - cold - exercise - insect bites - spontaneous	

Over 6 weeks (chronic): Yes No

Past medical history & Birth history

Family history of allergy	Details
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Mother:	
Father:	
Brother / sister:	
Other (if relevant):	

affix patient label

Social history

Household members:	School details including missed days, comments on allergy management:
Pets:	
Smoking: Yes No	
Allergen avoidance measures used (where relevant):	

Examination

Impression / diagnosis

Tests (see also SPT sheet where relevant)

Plan / Follow-up

Dietician required: Yes No NA	BSACI home protocol: Yes No NA
Information sheets: Yes No	BSACI school protocol: Yes No NA
New medications?	Autoinjector training: Yes No NA
Follow-up:	Notes:
Tertiary referral: Yes No	
Dr Simon Bedwani:	SN Jane Henderson: