

**ALLERGY CLINIC REFERRAL FORM FOR SUSPECTED ANAPHYLAXIS from GPs and ED**



**PATIENT DETAILS:**  
Name/ DOB/ NHS No /address  
Contact No

**REFERRING CLINICIAN**  
Name and Address of surgery or ED

**Reason for Referral:**

**Suspected Trigger:**  
Seen by allergy clinic before?

**Allergic reaction details:** onset (temporal relationship to trigger), involvement of Airway /Breathing / Circulation/Skin and mucosal changes /GI /CNS or other symptomology.

**Has they had a similar reaction before?**

**How much allergen were they exposure to? Eg ¼ 48g snicker chocolate bar**

**Treatment given (pre- and hospital) with reaction: adrenaline / antihistamines / corticosteroids / other?**

**Any cofactors: stress / strenuous exercise / lack of sleep / menstruation /alcohol / NSAID**

**Any co-morbidities: hypertension / ischaemic heart disease / asthma / medication such as beta-blocker and ACE inhibitor**

**Past Medical History / Medication history (please either fill in or attach with letter)**

**Any investigations carried out? Tryptase (acute phase if ED) or baseline for venom allergy; Specific IgE - please attach results**

**Current management plan:**

- Type of adrenaline autoinjector issued
- Date training given to patient
- Advised to carry pens at all times?
- Anaphylaxis +/- asthma plan issued
- Avoidance advice given
- Signposted to patient support groups: <https://www.allergyuk.org/>  
<https://www.anaphylaxis.org.uk/>

**Please include any ED or MAU discharge summary including observations at presentation.**