Patient details

Name male / female

Address

Date of birth Age

Phone number email

Reason for referral Please Tick

* Infant under two with food allergy
* Infant under two with moderate to severe eczema not responding to treatment
* A child or young person (under 16) with rhinitis symptoms not responding to a

combination of oral antihistamines and nasal steroids

* A young person/ adult (16+) with a history of anaphylaxis or suspected anaphylaxis

Would you have referred this patient to secondary care if you did not have access to this clinic?

Yes / no / no secondary service to refer patient to / other (please circle)

If answered yes please state which speciality …………………………………………………

**Please note this question must be answered for all referrals to the allergy clinic**

Relevant past medical history and any recent investigations

Current medication

Findings on examination and any known allergies

Other supporting information

GP Signature

Date

Practice stamp

**Criteria checklist - for clinic referral**

Referral guidance for referring into nurse led allergy clinic

**Does the patient fall in to one of the categories listed below?**

* **Infant under two with suspected food allergy**
* **Infant under two with moderate to severe eczema not responding to treatment**
* **A child or young person (under 16) with rhinitis symptoms unresponsive to a combination of oral antihistamines and nasal steroids**
* **Young person or adult (16+) with a history of anaphylaxis or suspected anaphylaxis as per definition of anaphylaxis below**

Anaphylaxis is likely when the following two criteria are met:

Sudden onset and rapid progression of symptoms Life-threatening airway and/or breathing and/or circulation problems.

The following supports the diagnosis:

* Additional skin and/or mucosal changes (flushing, urticaria, angioedema)
* Gastrointestinal symptoms (vomiting, diarrhoea, abdominal pain)
* Exposure of a person with allergy to their known allergen (CYANS 2012)

Referral checklist adapted from Levy et al 2009