

Clinic referral proforma (adapted from Levy et al 2009)

Patient details	
Name	male / female
Address	
Date of birth	Age
Phone number	email

Reason for referral	Please Tick
<ul style="list-style-type: none">• Infant under two with food allergy	<input type="checkbox"/>
<ul style="list-style-type: none">• Infant under two with moderate to severe eczema not responding to treatment	<input type="checkbox"/>
<ul style="list-style-type: none">• A child or young person (under 16) with rhinitis symptoms not responding to a combination of oral antihistamines and nasal steroids	<input type="checkbox"/>
<ul style="list-style-type: none">• A young person/ adult (16+) with a history of anaphylaxis or suspected anaphylaxis	<input type="checkbox"/>

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

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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)