

Drug Hypersensitivity Information

You or your child has been referred to the Allergy Clinic by your GP because of a drug allergy. We have found that patients often do not remember exactly what happened, what treatment was given and why the drug was given. To facilitate this visit the following form needs to be filled in. This is very important as the allergist needs as much information as possible to determine the correct management. It is recommended that you enlist the help of your GP or treating specialist who prescribed the drug to help you fill this in with their records. If you generally attend one pharmacy it may also be useful to get a list of drugs prescribed as well prior to attendance to the Drug Allergy Clinic.

Once filled out please return to Dr Anthony Smith's rooms: anthony@allergysa.com.au

Patients Name:		DOB:		Weight/Height:			
Address:							
Other known allergies:							
Family history of allergies:							
Suspected Allergy Details (ideally to be completed by GP):							
Drug and date prescribed	Dose, route, frequency	Indication: Why was drug prescribed? e.g. chest infection	Reaction Please describe in as much detail as possible and include all accompanying symptoms, e.g. type of rash, breathing problems, dizziness, feeling faint. How long did it last?		Interval between 1 st dose and reaction	For how long were you taking this drug?	Have you previously taken this drug? (Y/N/unsure)
Drug A:							
Drug B:							
Drug C:							
Treatment provided for the allergic reaction Give details of drugs used		Drug	A	B	C	Additional information	
		Drug stopped	Yes/No	Yes/No	Yes/No		
		Antihistamines e.g. cetirizine or loratidine	Yes/No	Yes/No	Yes/No		
		Corticosteroids e.g. prednisolone	Yes/No	Yes/No	Yes/No		
		Bronchodilator e.g. salbutamol (Ventolin)	Yes/No	Yes/No	Yes/No		
		Adrenaline	Yes/No	Yes/No	Yes/No		
		Other treatment	Yes/No	Yes/No	Yes/No		
Have similar symptoms been observed without intake of suspicious drug(s)?		Yes/No Please specify :					
Other drugs at the time of reaction Please include over the counter, complementary therapies, and additive containing foods patient was taking at the time of reaction		Drug			Indication		
For antibiotic allergies – list any antibiotics prescribed since the reaction with date prescribed.		Drug			Date		
Medication History in relation to allergy (ideally to be completed by community pharmacist) Please list any medications the patient has been dispensed since the first allergic encounter. Attach additional page if necessary.							
Drug		Date dispensed			Course completed/stopped		
Form completed by:							
Qualifications							
Signature:							