Allergy Focused Clinical History Form for Health Visitors and GPs (Adapted from NICE CG116 2011)

Family history of allergy

	Mother	Father	Sibling
☐ Asthma	☐	☐	☐
☐ Eczema	☐	☐	☐
☐ Hayfever / allergic rhinitis	☐	☐	☐
☐ Food Allergy(ies):	☐	☐	☐

Symptom Checklist and History

	Onset: Minutes* (0-120m)	Onset: Hours >2hrs	Description (e.g. duration, frequency, severity)
Digestive System Symptoms			
☐ Vomiting	☐	☐	....
☐ Reflux/GORD	☐	☐	....
☐ Diarrhoea	☐	☐	....
☐ Constipation	☐	☐	....
☐ Blood or mucus in stools	☐	☐	....
☐ Feed refusal or aversion	☐	☐	....
Skin Symptoms			
☐ Eczema	☐	☐	....
☐ Urticaria / hives	☐	☐	....
☐ Eye, lip or facial swelling	☐	☐	....
Respiratory Symptoms			
☐ Wheezing	☐	☐	....
☐ Cough or Breathing problems	☐	☐	....
☐ Blocked or runny nose	☐	☐	....
Other Symptoms			
☐ Restlessness or poor sleeping	☐	☐	....
☐ Excessive crying	☐	☐	....
☐ Back arching	☐	☐	....
☐ Faltering growth ⚐	☐	☐	....
☐ Anaphylaxis ⚐	☐	☐	....

Feeding History

☐ Exclusively breastfed (until.............................)
☐ Mixed feeding (from ....)
☐ Exclusively Bottle Fed (from ....)

Types of Milks tried:
☐ Cow's milk formula: ....
☐ Lactose free formula: ....
☐ Reflux formula: ....
☐ Soya formula: ....
☐ Comfort formula: ....
☐ Other formula: ....

Name of current formula

....

Started Solids? ☐No ☐ Yes (details):...................
: ....
....

Patient Details

Name: ....

NHS number: ....

DoB: .... Age: .... Months / Weeks

Weight (+centile): ....

Length (+centile) ....

Head Circumference (+centile): ....

Form completed by: .... **Date**:

....

⚐ ***and* * Refer directly to secondary care**

Form last updated 01/02/2017