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