

Allergic Reaction diary

Monitoring of patients with or suspected of having allergy

Please complete the following allergic reaction diary as part of referral assessment or on-going monitoring for allergy. You can either print the diary pages and complete them by hand, or complete them electronically. If you are not under the department then please submit the diary to your GP, do not send it to us. If you are under the department we ask that you return the forms by email or in the post, or that the patient has the forms available in clinic (if an appointment has been arranged), either electronically or printed. You can email your own completed diary to allergist@aucklandallergy.com, if you wish, and taking in mind the disclaimer below. We may not have access to the email during your clinic appointment so we still request that you bring the diary with you.

Please do not hesitate to contact us if you require any advice on completing this diary.

Disclaimer with regard to email correspondence

This is to inform you of the risks involved when sending and receiving personal information electronically.

Risks:

- Any information transferred via email is NOT SECURE
- Your personal information could be intercepted by other family members or friends who have access to your email account
- If you are using a work email account, your employer may have access to these emails and they may be stored and backed up on their system
- Your personal information will be open to access by cyber products that have the ability to intercept emails without authority
- The trust cannot be held responsible for the security of your personal information coming into and going out of our network in this case
- There is no guarantee that the information sent has not been changed before receipt
- The confidential email(s) sent could be forwarded to other members of the public
- Your personal information will not be encrypted or sent in a locked file format
- You will not be informed of the exact date the information is sent. It is your responsibility to retrieve the information

AAS assurance:

- A review of the information requested will be carried out and the trust reserves the right to refuse to email information if deemed inappropriate or sensitive
- A copy of any information sent will be retained electronically and the origin of the information will be verifiable, if required we will file your email in the medical records
- Information will only be sent from an email

By corresponding via email you accept and agree to the following statement:

I agree that Auckland Allergy Specialists can send confidential personal information to me via email. I have read and understood the risks associated with this, as detailed above.

Table of adverse reactions to medications/foods – please complete the table for all items causing adverse reactions and send back or bring to clinic – if an appointment has been arranged

Name				Date of Birth or Hospital number	
Item	Symptoms	How long after	Reproducible	Treatment & response	
<i>Eg</i>					
<i>Penicillin</i>	<i>Facial swelling</i> <i>Spotty rash</i> <i>Attach photo if you have one</i>	<i>3 days into course, 2 hours after a dose</i>	<i>Do the symptoms occur only on some exposures or on every exposure</i>	<i>Antihistamines at home, hospital treatment, better in 1 day etc</i>	
<i>Peanut but not tree nuts</i>	<i>Facial swelling</i>	<i>1 day later</i>	<i>Do the symptoms occur only on some exposures or on every exposure</i>	<i>Antihistamines at home, hospital treatment, better in 1 day etc</i>	

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[illegible]