

## Auckland Allergy Specialists

Dear Colleague,

Thank you for referring your patient with suspected adverse drug reaction(s) for consideration of investigation in our drug allergy clinic.

A detailed clinical history is of critical importance in ensuring safe and appropriate investigation of any possible immediate hypersensitivity reactions to drugs is carried out. Therefore, we would kindly request that you complete the following brief questionnaire as fully as possible for each individual drug to which you suspect your patient may have had an allergic reaction.

Drug name: \_\_\_\_\_

Approximate date(s) of reaction(s) \_\_\_\_\_

SYMPTOMS	YES	NO	UNCERTAIN	DETAILS
Did the reaction occur remotely (>10 years ago)?				
Did the reaction occur within 60 minutes of drug ingestion/administration?				
Was there any mucosal involvement (e.g. Steven Johnson Syndrome) or profound skin desquamation/peeling?				
Were there cutaneous/skin symptoms only?				
Was a skin biopsy performed or dermatology review?				
Was there any organ involvement (e.g. kidney, liver)?				
Was there a rash with a high or protracted fever?				
Was an emergency visit or hospital admission necessary?				
Were blood tests sent to measure mast cell tryptase? If so, please include the results and timing of these tests.				
Were steroids used for treatment?				
Were antihistamines used for treatment?				

Was adrenaline used for treatment?				
No therapy was needed for this adverse reaction.				
Is there current or anticipated future need for this specific drug?				

Kind Regards

*Vincent*

Vincent St Aubyn Crump  
Consultant Allergist

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