

PENICILLIN REACTION CLINIC PHYSICIAN REFERRAL FORM



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46 General Hospital Drive
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Date:	Referring Physician:	Billing #:
Patient:		DOB:
Address:		
Phone:		
Healthcard:		

Please fill out the following referral form to the best of your knowledge and fax to:

Patients 16 years of age and younger: 519-272-2323
 Patients 17 years of age and older: 519-273-0675

NOTE: This clinic is intended to assess only those patients with a low risk of a reaction. Any patients felt to be high risk (e.g. multiple drug allergies or symptoms concerning for anaphylaxis) should be referred to an allergist for assessment.

Please refer to "Penicillin Reaction Clinic FAQ for Primary Care Providers" for more details

- 1) At what age did the patient experience a reaction to penicillin? _____
- 2) For what indication was the antibiotic prescribed?
- 3) Which antibiotic was used?
 Penicillin Oxacillin Dicloxacillin Amoxicillin
 Amoxicillin-clavulinate Ampicillin Other: _____
- 4) When did the reaction occur?
 Immediately (within 2 hours) Delayed (days)
- 5) Who diagnosed the allergy?
 Patient Parent Physician Other _____
- 6) Does the patient take beta-blockers? Yes No
- 7) Please check off reported reaction symptoms/signs:
 Hives – Rash Non-Hive Rash Itch
 Diarrhea Vomiting Nausea
 Runny Nose Cough
 Unknown (please provide any known details)

 Other

8) Is there a family history of drug allergy to the same / similar antibiotic?

9) **Note: if any of the symptoms below are checked off then the patient is at higher risk of a serious reaction and should instead be referred to an Allergist for assessment**

- Wheezing Difficulty Breathing Airway Swelling
- Fainting Dizziness Drop in Blood Pressure
- Severe Skin Reaction (peeling / blistering / oral mucosal changes)
- Tingly Lips Airway / Lip / Limb Swelling
- Diagnosis of Anaphylaxis
- Use of Epinephrine in Treatment of Reaction

Past Medical History:

Medications:

Other allergies:

For Office Use:

- LOW RISK**
(Book clinic appointment and forward "Penicillin Reaction Clinic Patient Questionnaire" and "Penicillin Reaction Clinic Patient Handout" forms)
- HIGH RISK**