

This summary should be completed by a doctor to support referral to a new clinical immunology/allergy specialist and/or GP. This includes transition of young adults from paediatric to adult medical care.

Patient name: _____ UR/MRN/NHI: _____

Date of birth: DD / MM / YYYY

Contact details: (mobile and email): _____

Plan prepared by (name): _____ Date: DD / MM / YYYY

GP (name and practice): _____

Family/emergency contact (name and mobile): _____

Referral to new clinical immunology/allergy specialist: _____

Paediatric and adult specialists are listed at www.allergy.org.au/patients/locate-a-specialist.

MEDICAL CONDITIONS

- Food Allergy - confirmed allergens: _____
- Allergic Rhinitis (Hay Fever) - confirmed allergens: _____
- Drug Allergy - confirmed allergens: _____
- Insect Allergy - confirmed allergens: _____
- Eosinophilic Oesophagitis (EoE) - confirmed foods: _____
- Food Protein Induced Enterocolitis Syndrome (FPIES) - confirmed foods: _____
- Asthma - confirmed triggers: _____
- Atopic Dermatitis (eczema) - confirmed triggers: _____
- Other Allergies: _____
- Other Medical Conditions: _____
- Previous Allergies (outgrown): _____
- Details of Recent Allergy Tests (if available): _____

TREATMENTS

- Action, Treatment or Management Plan (attached)
- Adrenaline (epinephrine) devices prescribed (product name): _____
- Allergen Immunotherapy (allergens and product name): _____
- Medications: _____
- Other information: _____

COMMENTS

Patient concerns: _____

Patient Health Priorities: _____

Other: _____