



Allergic reaction record

How you can help The Anaphylaxis Campaign and aid research into allergies

This form has been designed to help The Anaphylaxis Campaign gain a fuller understanding about allergic reactions, what causes them, and what is the best treatment. Information we gather may be made available to doctors and scientists working in allergy research. If you, or a family member, has an allergic reaction to a food or substance, however minor, would you please fill in the form as soon as possible after the reaction has occurred - and after the patient has recovered - and send it to: Moira Austin, The Anaphylaxis Campaign, PO Box 275, Farnborough, Hants GU14 6SX or email to moira@anaphylaxis.org.uk.

The identity of the person who has had the allergic reaction will be kept confidential, unless permission has been obtained first. Please photocopy this form so it can be used more than once, should further incidents occur. Alternatively we can supply more forms if needed. **Please call us on 01252 542029 if you need help filling in this form.**

1. Name of person who had reaction.....
2. Sex: Male Female Please tick box.
3. Age at time of this reaction
4. Age at which patient first suffered an allergic reaction.....
5. Address.....
.....Postcode.....
6. Phone number for contact.....
7. Patient's allergies (e.g. peanut, cat, wasp stings)?
.....
8. Does the patient have
Eczema Rhinitis (constantly runny nose) Hay fever Asthma
9. If you have ticked asthma, did the patient suffer asthma symptoms during the week before the allergic reaction now being reported? Yes No
10. How many times a day was the patient using their reliever (blue puffer) in the week before the reaction?
11. Does he/she get symptoms of asthma when exercising? Yes No

12. Does the patient's asthma wake them at night? Yes No

13. If so, how often? Nightly Weekly Monthly

Details of the reaction you are reporting

14. Date reaction occurred.....

15. Time symptoms began.....

16. Location where symptoms began (e.g. restaurant, home)

17. Allergen thought to have caused the reaction (e.g. peanut, egg, latex)

18. Was patient known to be allergic to this allergen? Yes No

19. Has this been verified by skin prick testing, blood testing (e.g. RAST) or challenge testing? Yes No

20. Please state which: Skin Blood Challenge

21. How did patient come into contact with the allergen? Smell Touch Eat Drink Sting

22. If eaten or drunk, state quantity consumed, if known

23. Food product in which ingredient was a part (where applicable). State brand name if known

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24. Where was the food obtained (e.g. supermarket, restaurant, in-store bakery, school)?

.....
25. Length of time between contact with, or consumption of allergen and the onset of symptoms

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26. Did patient have: Swelling of throat or mouth Difficulty breathing Collapse

Severe abdominal pain Other (e.g. rash, hives) Give details

.....
27. Had the patient been prescribed medication for allergic reactions? Yes No

28. If so, please tick:

Adult EpiPen Junior EpiPen Adult Anapen Junior Anapen Mini-I-jet

Anakit Antihistamines Inhaled adrenaline (epinephrine) Hydrocortisone

Bronchodilators (e.g. Ventolin, Bricanyl) Other

29. Was self-injectable adrenaline (epinephrine) available at time of reaction? Yes No

30. If so, was it administered? Yes No

31. By whom? (e.g. self, parent, friend, GP)

32. How long after symptoms began was self-injectable adrenaline (epinephrine) administered?

0-5 mins 5-15 mins 15-30 mins Other (please state).....

33. If patient had been prescribed other medicine, was this given? Yes No

34. State which medicine:

35. How long after symptoms began was this given?

0-5 mins 5-15 mins 15-30 mins Other (please state).....

36. If patient received self-injectable adrenaline, was patient's second injection administered? Yes No

37. If yes, how long after the first injection was the second given? 0-5 mins 5-15 mins 15-30 mins

Other

38. How soon was improvement noticed after treatment began? 0-5 mins 5-15 mins 15-30 mins

Other **Further details about effectiveness of treatment can be written on a separate sheet.**

39. Was patient treated at hospital? Yes No

40. Was patient admitted to hospital? Yes No

41. Might there have been factors which made the allergic reaction worse (e.g. exercise, alcohol, stress, temperature, presence of infection, menstrual period)? Please give details

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Please include further relevant information on a separate sheet (e.g. relating to the effect of the treatment). Was there anything you would like to have done differently? Were you well prepared to cope.