## Request for initial EpiPen<sup>®</sup> or EpiPen Jr<sup>®</sup> or Anapen<sup>®</sup> 500 to be provided on PBS Authority prescription by clinical immunology/allergy specialist

When completing this form please refer to ASCIA Guidelines - Adrenaline (Epinephrine) Injector Prescription - www.allergy.org.au/hp/anaphylaxis/adrenaline-injector-prescription

PRESCRIBING DOCTOR DETAILS		
Doctor's Name:		
Practice Address:		
Email:	Phone:	
Provider No:	Date:	
PATIENT DETAILS		
Patient Name:		
Date of Birth:		
CLINICAL DETAILS		
Date of last reaction:		
Suspected allergen/s:		
Confirmed by:		
□ Skin Testing		
Allergen Specific IgE blood tests		
Did the patient have a:		
Severe allergic reaction (anaphylaxis)		
□ Generalised allergic reaction		
Modifying factors:		
□ Asthma (current or past history)		
□ Adolescent or young adult		
□ Nut allergy (peanut or other nut)		
□ Stinging insect allergy (bee, wasp, jumper ant) if patient is an adult		
□ Co-morbid condition (such as ischaemic hear	t disease)	
$\Box$ Limited access to emergency medical care		
Other:		

## Other:

□ Patient has been given an ASCIA Action Plan for Anaphylaxis, with their adrenaline injector/s. To access plans go to www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis

□ Would you like this patient to be seen by the clinical immunology/allergy specialist? If yes, please provide a referral letter to the specialist with patient contact details, to arrange an appointment. Comments:

## FOR COMPLETION BY CLINICAL IMMUNOLOGY/ALLERGY SPECIALIST

□ The information provided complies with ASCIA Guidelines - Adrenaline Injector Prescription

□ Assessment by clinica	l immunology/allergy	specialist recomment	ded
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Name:

Date:

Signed:

Comments:

DISCLAIMER: Decisions about advising on adrenaline devices and instructions for use, remain the responsibility of the prescribing doctor. Unless the patient has been personally assessed, the role of the clinical immunology/allergy specialist is ONLY to determine if the patient's details meet the criteria for PBS Authority subsidy. Patients who do not meet the criteria are able to purchase adrenaline devices privately.