ascia

australasian society of clinical immunology and allergy

www.allergy.org.au

RECORD FOR Drug (Medication) Allergy

Patient Name: ______________________ **Date of birth:** ______________

Patient Address: ______________________________________

DRUG ALLERGIES CONFIRMED BY SPECIALIST

Drug	Reaction Type	Date of Reaction (if known)*	Date Assessed and Recommendation after Assessment

DRUG ALLERGIES NOT ASSESSED (OR CURRENTLY BEING ASSESSED)

Drug	Reaction Type	Date of Reaction (if known)*	Recommendation before Finalised Assessment

DRUG SIDE EFFECTS AND INTOLERANCES

Drug	Reaction Type	Date of Reaction (if known)*	Additional Notes

PREVIOUS DRUG ALLERGIES (DE-LABELLED)

Drug	Date of De-labelling	Additional Notes

NOTES:

*If date of reaction is not known, state if it was less or more than five years ago.

If the patient information does not all fit on this page, attach another completed record and indicate number of pages here. Page ___ of ___

© ASCIA 2020 This record should be used in conjunction with the patient's ASCIA Action Plan for Drug (Medication) Allergy.

This is a medical document that can only be completed by the patient's doctor and cannot be altered without their permission.