Lions Gate Hospital Penicillin Allergy Clinic Referral Form (Oct2023)

Patient to complete. Referring clinic to fax completed questionnaire to LGH Medical Day Care at **604-984-3799**

Patient Info

Name _____

PHN _____

Date of Birth _____

Phone _____

E-mail _____

Pregnant Yes / No, **Due Date** _____

Clinic Info

Date of Referral _____

Referring Provider _____

Clinic Name _____

Clinic Phone _____

Clinic Fax _____

Clinic E-mail _____

When are you available for the initial phone assessment (10-15 minutes)? (please check all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Note:
☐ morning ☐ afternoon	☐ morning ☐ afternoon	☐ morning ☐ afternoon	☐ morning ☐ afternoon	☐ morning ☐ afternoon	

Re-exposure Since the suspected reaction, have you tried taking antibiotics related to penicillin?
☐ Yes, amoxicillin / amoxicillin-clavulanate / another antibiotic related to penicillin ☐ No
If Yes, did you tolerate it? ☐ Yes ☐ No ☐ Don't know

Reaction timing When was the last reaction (approximate year):_____ Age at the time of reaction: _____
Onset (relative to first dose) ☐ Within 24 hours ☐ A few days ☐ More than a week ☐ Don't know
How long did the reaction last? _____

Management Did you seek medical care? ☐ Yes, Family doctor / Dentist / Emergency ☐ No ☐ Don't know
Were you given treatment? ☐ Yes, antihistamine / epinephrine / steroid ☐ No ☐ Don't know

Symptoms (please check all that apply)

Skin

☐ Itchiness ☐ Pain ☐ Blistering/peeling ☐ Bruising ☐ Involvement of mucous membrane (such as inside mouth)

☐ Rash (flat or very small bumps) like picture 1 or 2

☐ Hives (raised, round bumps) like picture 3 or 4

☐ Swelling (eyes or lips) like picture 5 or 6

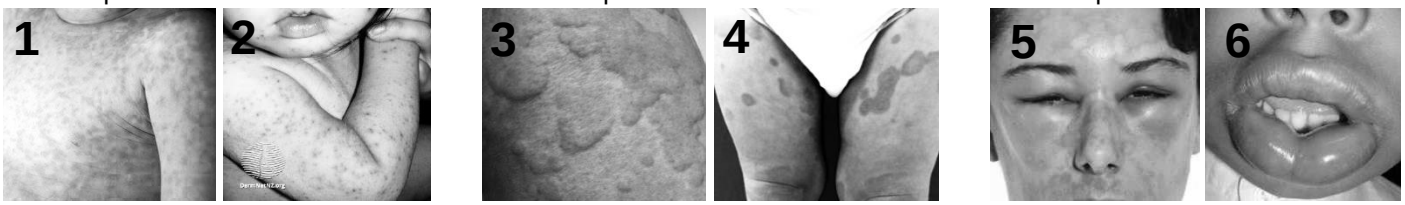

Photo credit: Primary Care Dermatology Society, https://dermnetnz.org/

Respiratory	Cardiovascular	Gastrointestinal	Other
☐ Unable to breathe ☐ Chest tightness ☐ Throat tightness ☐ Cough ☐ Wheezing	☐ Low blood pressure ☐ Fainted/pass out ☐ Dizzy/lightheaded ☐ Flushing/redness	☐ Nausea/vomiting ☐ Diarrhea ☐ Abdominal pain	☐ Joint pain ☐ Muscle pain ☐ Fever ☐ Chills/rigors ☐ Headache

Additional note / Symptoms not listed above: