**Patient’s name**: **DOB**:

**Patient’s Phone: Patient’s email:**

**Patient’s Pharmacy and contact details:**

**Antibiotic for Investigation: Route administered:**

**Date of Reaction if known: Location:**

**Reason antibiotic was prescribed:** (if no diagnosis please describe illness) **Prescribed by:**

**Describe Symptoms- include their onset, evolution, and resolution over time in relation to the medication:**

**Time of symptom onset following 1st dose:**

**Total number of doses taken (approx):**

**Time of symptom onset following most recent dose:**

**Other medications given around the same time** (including over the counter medication)

Medication Date Time given

**Were there features of a severe reaction?** Y/N

Immediate – Anaphylaxis- (Laryngeal oedema, bronchospasm, hypotension)? Y/N

Delayed- DRESS, Steven Johnson Syndrome, AGEP, nephritis, hepatitis/other? Y/N

**Describe treatment/action required if any?** Self/ GP/ ED/ Hospital admission

Details:

**Has there been exposure to the same antibiotic since?** Y/N

Details:

**If penicillin allergy suspected, has there been exposure to cephalosporins since?** Y/N

Details:

**Underlying condition with an increased need for antimicrobials?** Y/N

E.g. Immunodeficiency, bronchiectasis, Cystic fibrosis

Details:

**Other Antibiotics tolerated since:**

**Other relevant history:** eg Asthma [ ] , COPD [ ] , IHD [ ] , CSUA [ ]  (Chronic Spontaneous Urticaria and Angioedema),

Antibiotic Resistant infection [ ] , Pregnancy [ ] , Breast Feeding [ ]

Details:

**Overleaf- Please complete your contact details.**

**-Please list other medication Allergies/Intolerances/Alerts & List Regular Medication if not previously provided.**

**Patient’s Name:**

**Allergies/Intolerances or Alerts.**

Medication Nature of Reaction Date Action

**Please list current regular medications if these have not previously been provided:**

**Regular medications:**

**Completed by: ..................................................................Date: ................. Contact phone: ................................................................**

**Contact email: .................................................................**