

REFERRAL**ALLERGY AND IMMUNOLOGY CLINIC
The Children's Hospital at Westmead**

Fax to: 9845 0566

Email to: outpatients@chw.edu.auCopies available at <http://www.schn.health.nsw.gov.au>

MRN _____

NAME _____

DOB _____ SEX _____

(PLEASE AFFIX CHW PATIENT LABEL IF AVAILABLE)

Patient will receive a letter with details of their scheduled appointment. **Appointment enquires please telephone 9845 2525**ALL details with an * are essential for processing a referral. Referrals with incomplete information will be returned to the referring doctor requesting further information, and an interim appointment will **not** be made. The information provided will assist in triaging accepted referrals according to the degree of urgency.**Patient details***

Surname: _____ Given Names: _____

Date of birth: _____ Sex: Male Female

Address: _____

Preferred contact number: _____

Mobile:# _____ Other: _____

Language spoken at home: _____ Interpreter required: Yes No

Mobile Number used to send SMS reminder before appointment

Referring Doctor Details*

Name: _____

Practice Stamp (if available):

 GP Other: _____

Provider Number: _____

Phone: _____

Fax: _____

Email: _____

Address: _____

Signature: _____ Date: _____

Referral FOR *:

- food allergy
- other allergic disease
- potential immunodeficiency
- autoimmunity
- other: _____

DIRECT GP REFERRALS WILL ONLY BE ACCEPTED FOR CHILDREN WHO MEET ONE OF THE FOLLOWING CRITERIA:

- Anaphylaxis (as per ASCIA definition[^]) to any food, drug or insect
- Failure to thrive in an infant with severe eczema or suspected non-IgE-mediated food protein enteropathy. Enteropathy symptoms may include persistent diarrhoea, weight loss, low albumin, and Fe deficiency.
- FPIES (delayed profuse vomiting) to rice, oat, cow's milk, soy or egg, with reactions on at least two separate occasions to the same food.
- Suspected or proven IgE mediated drug allergy with an urgent requirement for use of that drug class

Direct GP referrals for suspected immunodeficiency or autoimmunity must be discussed with the Immunology Fellow or the consultant on call prior to the referral being accepted.

Direct GP referrals for other allergic diseases not meeting the above criteria (including atopic dermatitis, allergic rhinitis and asthma) are not generally accepted. These children should be referred to a general pediatrician or specialist dermatologist or respiratory paediatrician.

Requests for urgent review can also be discussed with the Immunology Fellow or the consultant on call.

The Immunology Fellow or consultant on call is contactable through the CHW switch on 9845 0000.

Relevant past history (please include symptoms, duration of symptoms treatments, medications and investigations to date) *:

[^]Anaphylaxis is the most severe form of allergic reaction requiring urgent medical treatment. For the purposes of recognition and emergency treatment, ASCIA defines anaphylaxis as:

Any **acute onset illness** with **typical skin features** (urticarial rash or erythema/flushing, and/or angioedema), **PLUS** involvement of **respiratory** and/or **cardiovascular** and/or persistent severe **gastrointestinal** symptoms.

OR

Any **acute onset** of **hypotension** or **bronchospasm** or **upper airway obstruction** where anaphylaxis is considered possible, even if typical skin features are not present.

Triage (for outpatient staff only)

- GP referral not meeting criteria – return to GP
- Inadequate information – return to referring doctor
- Review by Immunology Fellow
- Next Available appointment