



Beacon Hospital

Booking Form for Respiratory Laboratory for Paediatric Referrals
Respiratory Department Ph 2938689 Fax 2936653

Patient Details	
Surname	_____
Forename	_____
DOB	_____
Address	_____

GP Details	
GP Name	_____
Address	_____
Telephone	_____
Fax	_____
Email	_____

Proposed Procedure	
PFT'S VHI Code 2113 (available for children over the age of 5)	<input type="checkbox"/>
Paediatric Skin Prick Testing (1 year to under the age of 16)	<input type="checkbox"/>

Indications for Procedure	
<ul style="list-style-type: none"> • To confirm atopy • Mild/Moderate/Asthma (please see contra indications listed below) • Eczema • Rhinitis vs. Sinusitis • Query cause of urticaria • Suspected Food Allergy (Please specify below) • Vomiting/Diarrhoea with unknown cause 	
Medical History _____	
History of Atopic Disease _____	
Details of any Foods avoided (reasons why) _____	
Age of child when symptoms first started _____	
Suspected Food Allergen (e.g. milk, Egg, Peanuts) _____	
Feeding History Breastfed/Formula Fed _____	
Medical Family History _____	
Is the patient on Anti-Histamines (If Yes, child must be off any anti-histamine 7 days prior to testing) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Known or Suspected Allergies _____	
The Following patients need prior discussion with the Respiratory Paediatrician prior to Skin Prick Testing being performed	
<ol style="list-style-type: none"> 1. Certain skin diseases may not allow for the test e.g. Scabies 2. On children younger than 1 year of age 3. Anyone pregnant 4. Chronic Asthma with FEV1 < 60% 5. Previous History of moderate to severe allergic reaction/Anaphylaxis 6. Any immunology conditions 7. Any child that required adrenaline 	

Guidance	
Contact Respiratory Paediatrician with any queries on 01-4144128	

Consultant Use Only	
Paediatric Respiratory Consultant Approval Signature _____	
Comments _____	