

# BOOKING FORM FOR RESPIRATORY LABORATORY FOR PAEDIATRIC REFERRALS - RESPIRATORY DEPARTMENT

TEL: 01 2938689. FAX: 01 2936653.

## PATIENT DETAILS

Surname \_\_\_\_\_ Address \_\_\_\_\_  
Forename \_\_\_\_\_  
D.O.B. \_\_\_\_\_

## GP DETAILS

Referring GP \_\_\_\_\_ Surgery Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## PROPOSED PROCEDURE

PFT'S VHI Code 2113 (available for children over the age of 5)   
Paediatric Skin Prick Testing (1 year to under the age of 16)

## INDICATIONS FOR PROCEDURE

- To confirm atopy
- Rhinitis vs. Sinusitis
- Vomiting/Diarrhoea with unknown cause
- Eczema
- Query cause of urticaria
- Mild/Moderate/Asthma (please see contra indications listed below)
- Suspected Food Allergy (Please specify below)

## 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  No  
Known or Suspected Allergies: \_\_\_\_\_

**The Following patients need prior discussion with the Respiratory Paediatrician prior to Skin Prick Testing being performed**

- Certain skin diseases may not allow for the test e.g. Scabies
- On children younger than 1 year of age
- Anyone pregnant
- Chronic Asthma with FEV1 < 60%
- Previous History of moderate to severe allergic reaction/Anaphylaxis
- Any immunology conditions
- Any child that required adrenaline

## GUIDANCE

Contact Respiratory Paediatrician with any queries on 01-4144128

## CONSULTANT USE ONLY

Paediatric Respiratory Consultant Approval Signature

Comments