Allergy history record

Form | ALR-FRM-001

Document type	Form
Title	Allergy history record
Document ID	{{facility.code}}-ALR-FRM-001
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 53 (Allergology), criterion 53.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the allergy history for each patient: the agent, the reaction, its severity and the date of the last check.

1. How to complete

- Ask the patient about each agent and each past reaction.
- Record the agent, the reaction and the severity.
- Record the date of the check and who made it.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Agent (drug, product, food or other)	Yes	[ ]	[ ]	[ ]	Action and who to tell
2	Reaction and severity	Yes	[ ]	[ ]	[ ]	Action and who to tell
3	No known allergy (yes or no)	Yes	[ ]	[ ]	[ ]	Action and who to tell
4	Date of last check	Yes	[ ]	[ ]	[ ]	Action and who to tell
5	Checked by	Yes	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.

ID	Source and status
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval