Founded 1642

New Hall School

The Best Start in Life

FORM 1

ALLERGY HISTORY QUESTIONNAIRE

Name and date of birth of child	
Home address and telephone number	
Name, address and telephone number of GP	

About your child's allergy

What is your child allergic too?	

Please tick the symptoms that best describe your child's allergic reaction

- Itchiness of skin
- Skin rash – eg hives, blotchiness
- Itchiness/tingling sensation in the mouth and throat
- Swelling of face/lips/mouth/tongue/body
- Feeling sick
- Vomiting/Diarrhoea
- Abdominal pain/distension
- Cough/Wheeze
- Difficulty breathing/tightness in chest
- Changes in voice (hoarseness)
- Feeling faint/dizzy
- Looking very pale
- Lips/mouth blue in colour
- Restlessness
- Collapse/unconscious

What medication has your child been prescribed?	

At what age did your child have their first reaction?	
Describe the reaction	

When was their last reaction and describe this reaction	

Please circle Yes or No

Did your child require hospital treatment?	Yes/No

Who diagnosed your child's condition?	GP/ Hospital/Allergy specialist

Has your child had a skin or blood test to confirm the allergy?	Yes/No

If **Yes** when was this done and the result?	
If **No** is your GP referring to an allergy clinic?	Yes/No

Can your GP be contacted for further information if required?	Yes/No

Signed by Parent/Guardian (please state)	

Please return completed forms to:
The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or by email via: Healthcentre@newhallschool.co.uk