

**Appendix B:**

**Letter to the patient following allergy clinic visit for investigation of perioperative anaphylaxis**

[Hospital HEADER]

Date .....

Patient's name .....

Patient's address .....

Medical record number .....

NHS Number .....

Dear .....

**Following your investigation at the .....perioperative allergy clinic. We have concluded the following –**

You have had a reaction classified as:

*Allergic anaphylaxis/Non-allergic anaphylaxis/Not an allergic event*

The agent(s) identified as the cause of this are:

- 1) .....
- 2) .....
- 3) .....

You should avoid all these drugs and agents in the future as exposure to them may lead to a serious or even fatal reaction.

The diagnosis was made based on the following tests:

- 1) .....
- 2) .....
- 3) .....

We have established safe alternatives to these drugs as:

- 1) .....
- 2) .....
- 3) .....

Your GP has been written a more detailed letter which you may wish to discuss with him/her.

You should consider:

- A) Wearing a medic alert bracelet/necklace available from .....
- B) Carrying this letter with you to all Medical or Dental appointments and discussing its contents prior to any procedure
- C) Carrying an adrenaline auto-injector for emergency treatment yes/no

Yours sincerely,

**Consultant Allergist/Clinical Immunologist**

Contact phone number.....