**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………………………………….