

## Primary Care Checklist

The **European Academy for Allergy and Clinical Immunology (EAACI)** has reported the increasing prevalence of allergies, and there is currently a lack of guidelines to support primary care professionals in allergy management. This checklist has been developed to help general practitioners (GPs) and primary care workers on how to diagnose and manage patients with allergic diseases, including referral, where appropriate.

To help facilitate your diagnosis, you may find it useful to refer your patients to Part 1 of this checklist for completion prior to their appointment.

### Part 1: Obtaining a comprehensive history

Identification of patient symptoms is key for determining if your patient has an allergy.

This allergy symptom checker can be posed to your patient to help identify symptoms of common allergies.

**On average, how often does your patient experience the following symptoms during the period of the year during which they are most severely affected? Please indicate never (1), once or twice a week (2), more than two days a week (3), almost every day (4), multiple times per day (5)**

Symptoms	Frequency	Additional information
Nasal		
Ocular		
Upper airway		
Other		

### Part 2: Comorbidities and Family History

An allergy-focused clinical history is key in diagnosing some types of allergy, such as food allergy. This section can be partially covered by the patient before the appointment, but is strongly recommended to be discussed during the appointment.

**Has the patient been in contact with animals recently?**

Yes  No

**Has the patient had a skin disease over the last year?**

Yes  No

**Do any of your patient's parents or siblings have hay fever, asthma or eczema?**

Yes  No

**Are allergic symptoms exacerbated at work or at a specific place?**

Yes  No

**Do symptoms occur upon eating certain foods or drinks?**

Please indicate how quickly (after a few minutes/  
a few hours/a few days/ longer)

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### Part 3: Additional Questions

The following patient questions can provide further information to aid your diagnosis and structure your treatment plan.

**Have allergen sensitisation tests been conducted? Please indicate with yes or no.**

Allergen-specific IgE antibody test  Yes  No

Skin prick test  Yes  No

Other sensitisation test  Yes  No

If yes, please indicate the sensitisation test conducted

**Does the patient use medications, treatments or other remedies for their allergic symptoms?**

Please indicate current medication and their dosing regimen

Please note any additional remedy or supplement the patient is using.

**Does the patient have atopic dermatitis or eczematous lesions that would limit diagnostic options?**

Yes  No

### Part 4: Next Steps and Follow-Up Questions (Optional)

This section can help you with supporting your patients and provide continuing management and review of their condition. Depending on their answers, you will be able to decide whether a secondary care referral is required. It is recommended you use these questions in follow-up consultations.

**Has additional medical education (drug administration, food advice, lifestyle suggestions etc) been provided?**

Yes  No

**Have the patient's allergy triggers been identified?**

Yes  No

**Have the appropriate diagnostic tests (allergen-specific IgE antibody test and/or SPT) been conducted?**

Yes  No

**In a follow-up consultation, please assess the effectiveness of the following methods in symptom relief:**

Treatment	Now	Past
Oral medicines		
Reduced allergen exposure		
Local creams & moisturisers		
Complementary and alternative medicine: Homeopathy / Herbal / others		
House dust mite reduction		
Other protective measures		

**Does the patient have specific allergy symptoms that mean that referral is needed? If yes, please indicate which:**