Centre for Antibiotic Allergy and Research

Hospital Bradma Sticker

Austin Health Drug & Antibiotic Allergy Services Referral Form

Name: ..... UR: .....

DOB: __ / __ / ____ Male ☐ Female ☐ Email .....

Address: ..... Mobile Contact .....

Referring Hospital ..... Referring Unit: .....

Referring Clinician ..... Provider Number: .....

Current or future antibiotic therapy affected by antibiotic allergy? ☐ Yes ☐ No

Past Medical History (Please list)

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.....

.....

Current medications (Please list)

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.....

Antibiotic and/or Drug Allergy History

Drug (1): ..... Reaction: .....

Drug (2): ..... Reaction: .....

Drug (3): ..... Reaction: .....

Drug (4): ..... Reaction: .....

Drug (5): ..... Reaction: .....

Please forward referral to Austin Health for clinic appointment:

Drug & Antibiotic Allergy Services (DAAS)
Austin Health Infectious Diseases Department
FAX: (03) 94966677 OR via Email: antibiotic.allergy@austin.org.au
Phone (for advice): (03) 94966676

Austin Health