

Table 1: Quick milk allergy focused patient history

Patient's name _____

Is there a personal / family **history of allergic problems?**

YES _____ NO _____

DETAILS _____

(If "yes" – ↑likelihood of allergy)

What was the **age of onset of reactions** and relation to change in diet?

What symptoms are triggered?

SKIN _____

GASTROINTESTINAL _____

RESPIRATORY SYSTEM _____

CARDIOVASCULAR _____

What is the time course between exposure and the onset of symptoms?

LESS THAN 2 HOURS _____ (History suggestive IgE mediated cows milk protein allergy)

MORE THAN 2 HOURS _____ (History suggestive non-IgE mediated cows milk protein allergy)

What **quantity of food** is needed to trigger a reaction?

(Ige mediated cows milk protein allergy- small amounts can trigger reaction; non-Ige mediated cows milk protein allergy typically requires larger quantities and may require repeated exposures over several days)

Treatments previously trialled:

Medicines _____

Milk feeds _____