Doctors
Dr Paul Deehan
Dr Steven Bishop
Dr Carly Bowron
Dr Lorna Smith

Practice Manager
Stephen Reid

STRATHCALDER PRACTICE

Alison Lea Medical Centre
Alison Lea
East Kilbride
G74 3BE

Tel: 01355 227220
Fax: 01355 239711
Website: www.strathcalderpractice.co.uk

GP Referral Form – Hay fever

Date:	
Patient Name:	
Address:	
DOB/ CHI:	

Medication Already Tried on Pharmacy First – Tick all that apply

Cetirizine 10mg Tablets	
Cetirizine 1mg/ml oral sol	
Chlorphenamine 4mg Tablets	
Chlorphenamine 2mg/5ml oral sol or oral sol SF	
Loratadine 10mg Tablets	
Loratadine 5mg/5ml oral sol	
Beclometasone nasal spray 50mcg dose	
Sodium Cromoglicate 2% eye drops	

Main symptoms or other relevant information:	
Pharmacist Name:	

Please pass form to patient to hand in at surgery. This will then be passed to the duty doctor/Pharmacistr for their consideration