The reported rate of food allergy is much greater than the actual prevalence, making a robust diagnosis imperative in order to avoid overt and/or unnecessary dietary restrictions. The value of the allergy history lies in asking the right questions and linking the answers to appropriate actions; when correctly structured, history has been demonstrated to be wholly diagnostic for some conditions. It is very important that the symptom type and characteristics are linked to foods suspected and also normal food intake is studied for clues as to the trigger factor in addition to providing useful information on the nutritional status of the patient. The symptoms seen in children and adults suffering from food allergy include pruritis, erythema, acute urticaria, acute angioedema, gastro-intestinal related symptoms such as angioedema, oral pruritus, abdominal pain, diarrhoea and vomiting, upper and lower respiratory symptoms, tachycardia, hypotension, laryngeal oedema, shortness of breath, syncope and anaphylaxis. In children, non-IgE mediated food allergy symptoms generally manifest in the skin or gastro-intestinal tract, but in infants can also include food refusal or aversion, constipation, perianal redness, pallor and tiredness, faltering growth.

It is important to ascertain the amount of food provoking the symptoms, the speed of onset of symptoms, symptom resolution, age on onset of symptoms, reproducibility of the reactions, interval since last reaction, influence of external factors, feeding history, history of any food elimination and any previous therapeutic interventions should be asked. In adults, exercise, alcohol, stress, aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) can enhance or precipitate an allergic reaction to food, thus the history should record whether co-factors were present. In addition, establishing sensitisation to aeroallergens is vital when interpreting the history in the older child and adult. Positive tests to pollen or house dust mite can be linked to reported cross-reactions to fruits, vegetables, nuts or shellfish.

The foods reported to provoke symptoms are often different in children and adults. The majority of reactions in children are likely to be to milk, egg and peanut. In adults, although milk and wheat are most likely to be suspected as being causative of their symptoms, they are rarely triggers of IgE-mediated food allergy. New-onset symptoms in adulthood are most likely to involve seafood or be due to cross-reactions between birch pollen antibodies and homologous food allergens. Sometimes the food trigger is unknown or composite food is involved. Hidden allergens in composite dishes may include legumes, seeds, celery, buckwheat and natural food colourings such as carmine (cochineal) and annatto. All foods and food products which can be consumed without any symptoms should be noted. Reported avoidance of the trigger food may not be complete exclusion, due to lack of awareness of the range of foods that contain small amounts of allergen. Also an allergen in one form may provoke reactions but not when taken in another form (i.e. raw versus roasted). Labels from packages reported to provoke symptoms are useful. The Food Allergen Labeling and Consumer Protection Act of 2004 mandates the use of clear labeling and source labeling of ingredients likely to contain major food allergens; cows’ milk, egg, fish, crustaceans, tree nuts, wheat, peanuts, and soybeans are all required to be labelled.

A thorough history should provide nutritional information which supports diagnosis and raises any nutritional issues of note. However in childhood, this often entails the exclusion of foods that contribute essential nutrients for growth and development. As this does pose some nutritional risk to the growing child, this should ideally not be done without the input and supervision of a dietitian, especially as the avoidance of major food groups can have a deleterious effect on nutritional status, at all ages. In summary, a structured history provides a scaffold of questions on which the diagnosis of food allergy can be built.