

Over 20 Locations Across Ontario, Canada | Wait times: 1 month



Allergy Referral Form

Fax all Referrals to: 416-907-4166

Dr Mustafa Al-Maini, CPSO: 76979
 Dr Amanpreet Kalkat (Female), CPSO: 153208
P: 416-907-2003
F: 416-907-4166
E: patients@acir.ca
Ocean Electronic Referrals Available

Referral Considerations, check all that apply:

Date:

- URGENT Pediatric
- Pregnant or planning to become pregnant in the next 3 years
- Has been admitted into ER in the last month

Preferred Location:

Your patient will be triaged to location nearest to them with shortest wait-time.

Reason for Referral:

- | | | |
|---|---|--|
| <input type="checkbox"/> ALLERGIC RHINITIS | <input type="checkbox"/> CONTACT DERMATITIS/PATCH TESTING | <input type="checkbox"/> FOOD ALLERGY OR INTOLERANCE |
| <input type="checkbox"/> ANGIOEDEMA | <input type="checkbox"/> PFT (Pulmonary Function Tests) | <input type="checkbox"/> ORAL CHALLENGE |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> URTICARIA | <input type="checkbox"/> OTHER (please specify below): |
| <input type="checkbox"/> ALLERGY INJECTIONS | <input type="checkbox"/> CHRONIC ITCHINESS | _____ |
| <input type="checkbox"/> ECZEMA/ATOPIC DERMATITIS | <input type="checkbox"/> OTHER SKIN CONDITIONS: | _____ |
| | _____ | _____ |
| | <input type="checkbox"/> OHIP COVERED SKIN PRICK TEST | _____ |

Clinical Information

Medication List

IMPORTANT INFORMATION FOR PATIENTS:
The patient must discontinue all antihistamines, including Gravol, 5-days before the appointment for allergy skin testing. Inhalers and nose sprays do not affect the test and can be continued as instructed.

PATIENT INFORMATION

Select if patient is covered by: **IFHP/ Insurance / private pay / cash /**

First Name : Last Name :

HEALTH CARD : VERSION CODE : SEX : MALE FEMALE

DATE OF BIRTH (MM/DD/YYYY) : Address :

Post Code : Phone No : E-Mail :

REFERRING DOCTOR

Copies to MRP/Family Doctor: _____ FAX # _____

DOCTOR'S NAME : BILLING NUMBER :

Address : FAX # :

Phone # :

Referring MD Signature