

# Outpatient Referral to Allergy & Immunology

REF5

## REFERRAL CATEGORY: ALLERGY

### Reason for Referral:

☐ **Atopic Dermatitis**

*Clinically relevant symptoms and timing:*

☐ **Drug Allergies**

*Clinically relevant symptoms and timing:*

☐ **Allergic Rhinitis**

*Clinically relevant symptoms and timing:*

☐ **Angioedema / Urticaria**

*Clinically relevant symptoms and timing:*

☐ **Asthma**

*Clinically relevant symptoms and timing:*

*Number of severe exacerbations (past 12 months):*

*Have you ordered a Pulmonary Function Test (PFT)?*

☐ **Food Allergy**

*Clinically relevant symptoms and timing:*

☐ **Other Allergic Reaction**

*Clinically relevant symptoms and timing:*

**Referral Type:**

- ☐ New Referral
- ☐ Update to Existing Referral

**REFERRAL CATEGORY: IMMUNOLOGY**

**Reason for Referral:**

☐ **Abnormal Labs**

*Abnormal lab description (include IgG, IgA and IgM if available):*

☐ **Recurrent Infections**

*What infections and how many?*

☐ **Other Immunology Concerns**

*Relevant clinical history:*

**Referral Type:**

- ☐ New Referral
- ☐ Update to Existing Referral