Allergy Physicians Calgary
403Allergy.ca

Fax referral to: 403-457-8237 or 1-833-816-5734

REQUEST FOR CONSULTATION

PATIENT INFORMATION **(Fill information below or affix label)**

Name:

E-mail **(required for online booking):**

Gender (M / F / X):

Date of Birth (mm/dd/yyyy):

Health Card:

Address:

Telephone:

REFERRING PHYSICIAN INFORMATION:
Clinic name and address:

Telephone:

Fax:

Physician Prac ID:

DENTISTS: a valid PRAC ID is required for your patient to be seen. If you do not have a PRAC ID, please ask your colleague or your patient's physician for a referral.

URGENCY OF CONSULTATION:

☐ **Routine**

☐ **Urgent - please indicate why**

REASON FOR CONSULTATION:

☐ **Food Allergy** ☐ **Rhinitis / Conjunctivitis** ☐ **Environmental** ☐ **Cough** ☐ **Sinusitis**

☐ **Urticaria** ☐ **Angioedema** ☐ **Skin Rash** ☐ **Stinging Insect** ☐ **Anaphylaxis NYD**

☐ **Contact Patch Test** ☐ **Metal Allergy** ☐ **Dental Allergy** ☐ **Cosmetic Allergy** ☐ **Penicillin Allergy**

☐ **Other:**

ADDITIONAL INFORMATION:

REFERRAL PROCESS:

STEP 1

You will be notified within 5 business days by fax when your referral is received by us. You may be contacted if further information is required

STEP 2

The referral is triaged by our nurse and MOA according to clinical urgency. Children with new food allergy concerns are prioritized.

STEP 3

Both the referring clinic and patient are notified of the scheduled appointment. You will be notified again should your patient reschedule, cancel or not attend their appointment