ST JOSEPH'S HEALTH CARE LONDON

REQUEST FOR CONSULTATION

Allergy, Asthma & Immunology Program

St. Joseph's Hospital
268 Grosvenor St, London, ON N6A 4V2

Physicians: Dr. H. Kim, Dr. M. Kuprowski, Dr. S. Jeimy, Dr. B. Lee, Dr. R. Zhu.
Fax: 519-646-6292

PATIENT INFORMATION

PIN: _____

NAME: _____

ADDRESS: _____

DOB: _____ TEL: _____

HEALTH CARD: _____

Urgency of Consultation:

☐ Routine ☐ Within _____ weeks ☐ Urgent (pls call 519-685-8167)

☐ Interpreter Needed: _____

Reason for Consultation:

☐ Allergy ☐ Asthma ☐ Drug Allergy ☐ Venom ☐ Immunodeficiency ☐ Other

Clinical Information & Investigations:

Medications:

Please check preferred physician:

☐ Dr. Kuprowski ☐ Dr. Kim ☐ Dr. Jeimy ☐ Dr. Lee ☐ Dr. Zhu ☐ Frist Available

_____ _____ _____ _____

Physician signature | Physician's Printed Name | Physicians ref # | Date