

Allergy and Immunology Program
St. Joseph's Hospital
268 Grosvenor Street, Room B3-030
London, ON N6A 4V2
Phone: 519 646-6019
Fax: 519-646-6292



REQUEST FOR CONSULTATION:

PATIENT INFORMATION

Name: _____

Gender: M F

Date of Birth: _____
(YYYY/MM/DD)

Health Card # _____

Address: _____

Telephone #: _____

REFERRING PHYSICIAN INFORMATION

Name: _____

Telephone # _____

Fax # _____

CPSO # _____

Signature: _____

Urgency of Consultation:

Routine

Within _____ weeks

Urgent (please also call 519-685-8167)

Reason for Consultation:

Allergy

Food
Challenge

Drug
Challenge

Asthma

Venom

Immunodeficiency

Other

Clinical Information & Investigations:

Medications:

Please check preferred physician:

First available

Dr. S. Jeimy

Dr. H. Kim

Dr. M. Kuprowski

Dr. D. W. Moote