REQUEST FOR CONSULTATION

Asthma and Immunology Program

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

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

PATIENT INFORMATION:

PIN: _____

Name: _____

Address: _____

DOB: _____ Tel: _____

Health Card: _____

Urgency of Consultation:

☐ Routine ☐ Within _____ weeks ☐ Urgent (pls. also 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. Robertson ☐ Dr. Zhu ☐ First Available

_____ _____ _____ _____

Physician's signature | Physician's printed name | Physician ref # | Date