



Dr. Hoang Pham Allergy Referral Form

Rapid Access for Severe Asthma, Eczema, Nasal Polyps, Eosinophilic Esophagitis

Referring Provider Information

Provider Name: _____

Billing #: _____

Fax: _____

Patient Information/Sticker

Patient Name: _____

OHIP # & VC: _____

DOB (DD-MM-YY): _____

Phone: _____

Email: _____

Attach patient profile, medication list, & all relevant notes/test results.
Reason for Referral: (Accepting Age 5+; English/Vietnamese). Select ≥ 1 box

- ☐ Environmental Allergies ☐ Chronic/Recurrent Rhinosinusitis/Nasal Polyps
☐ Asthma ☐ PFT ☐ FENO ☐ Chronic Cough ☐ Eosinophilic COPD (AEC $\geq$ 0.3)
☐ Food Allergy (Please list foods) ☐ Venom Allergy (Bees, Wasps, Hornets)
☐ Oral Allergy Syndrome ☐ Eosinophilic Esophagitis ☐ Anaphylaxis
☐ Drug Allergy (☐ Penicillin, ☐ Latex, ☐ ASA/NSAID Exacerbated Resp Dz)
☐ Eczema ☐ Urticaria ☐ Angioedema ☐ Chronic Itch of Unknown Origin
☐ Prurigo Nodularis ☐ Bullous Pemphigoid ☐ Mastocytosis (Attach Tryptase)
☐ Hypereosinophilia ☐ High IgE NYD ☐ EGPA/ANCA ☐ EGID (Eosinophilic GI dz)



**Dr.
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*Allergist/Clinical
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**Dr Hoang Pham, MD
Allergy/Clinical Immunology**

Environmental Allergies
Subcutaneous & Sublingual
Desensitization Options

Eosinophilic Diseases:
EGPA/ANCA
Hypereosinophilic Syndrome
Eosinophilic Gastrointestinal
Diseases (e.g., Eosinophilic
Gastritis/Enteritis/Colitis)
Mastocytosis
High IgE/Eosinophilia NYD

Venom Allergy
Bees, Wasps, Hornets

Food Allergy
Oral Allergy Syndrome
Eosinophilic Esophagitis (EOE)
Anaphylaxis

Drug Allergy:
Penicillin Allergy
Latex Allergy
ASA/NSAID-exacerbated
respiratory disease

Asthma +/- COPD Overlap
Eosinophilic COPD (AEC $\geq$ 0.3)
Chronic Cough, PFTs, FENO

Chronic Hives/Urticaria
Angioedema
Atopic Dermatitis/Eczema
Chronic Itch of Unknown Origin
Prurigo Nodularis
Bullous Pemphigoid

Nasal Polyps
Chronic Rhinosinusitis
Recurrent Acute Sinusitis