



## ALLERGY, ASTHMA & CLINICAL IMMUNOLOGY

Please check all that apply: Does the patient smoke?  No  Yes

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> allergic rhinitis | <input type="checkbox"/> contact dermatitis | <input type="checkbox"/> penicillin or other drug allergy |
| <input type="checkbox"/> asthma            | <input type="checkbox"/> atopic dermatitis  | <input type="checkbox"/> eosinophilic esophagitis         |
| <input type="checkbox"/> food allergy      | <input type="checkbox"/> urticaria          | <input type="checkbox"/> immunodeficiency                 |
| <input type="checkbox"/> venom allergy     | <input type="checkbox"/> anaphylaxis        | — Other (please specify below)                            |

Reason for referral / diagnosis: \_\_\_\_\_

Current Medications (List or attach): \_\_\_\_\_

- Investigations requested:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> spirometry              | <input type="checkbox"/> venom testing               | <input type="checkbox"/> skin prick testing for food or environmental allergies |
| <input type="checkbox"/> penicillin skin testing | <input type="checkbox"/> oral food or drug challenge | <input type="checkbox"/> patch testing for allergic contact dermatitis          |

**\*\* Important:** All patients that require skin testings must discontinue their antihistamine medications and Gravel 4 days prior to scheduled appointment. Puffers and nose sprays do not affect testing and can be continued as prescribed. Your patient will be informed of this when we call to book their appointment.

### PATIENT INFORMATION - PLEASE COMPLETE

Patient's Last Name: _____		First: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Home Address: _____		City: _____	Postal Code: _____
Email Address: _____		Home Phone: _____	Mobile Phone: _____
Date of Birth: _____		OHIP Number: _____	

### REFERRING PHYSICIAN - PLEASE COMPLETE

Referring Physician (PRINT) _____	Backline Number: _____
Address: _____	Fax Number: _____
Physician Signature: _____	CC to Family Doctor (if different): _____
Billing Number: _____	Family Doctor Phone: _____

**Please Note: Our office will contact your patient with an appointment date and time.**  
 Call or email us if you would like any information at anytime. Contact us at referrals@avivamedical.com or at the numbers below. All consult notes will be sent to your office via fax after each patient visit.

\* Copies of this Referral form can be downloaded on our website at www.avivamedical.com

**PLEASE FAX ALL REFERRALS TO THE CENTRAL BOOKING LINE**  
**Toll free fax line: 1-855-210-0758**

*ST. CATHARINES: 180 Vine St. S, 2<sup>nd</sup> floor - Suite 201 L2R 7P3*

TOLL FREE MAIN LINE: 1-855-210-0757 | TOLL FREE BACK LINE: 1-855-210-0707 | DIRECT LINE: 905-228-0402

**What Will  
Happen Next?**

Your Doctor in the Emergency Department has made a referral for you to see Dr. Rebecca Pratt. This is an outpatient referral, not within Niagara Health. Dr. Pratt is a specialist in Allergy and diseases of the Immune System (These diseases include many conditions like Hives, Eczema, Asthma, Anaphylaxis, and Environmental allergies).

Her Office will contact you directly for an appointment. She will also arrange any further treatment to be forwarded to your family doctor. F you do not hear from her clinic within a few days, please make sure you contact them directly.

**How To Get to  
the Clinic?**

Her Niagara office is located at 180 Vine St. S, 3rd floor - Suite 306.  
The telephone number is 905-228-0402.

More information can be obtained by visiting [www.avivamedical.com](http://www.avivamedical.com) including very useful specific condition handouts

Please note that this is a private clinic not associated with Niagara Health

**What you need  
to do?**

On the day of your appointment, please bring all your medications (including over the counter and suppliments) and any other relevant information you might have, like names for other doctors taking care of you.

Please make sure you also book your appointment with your family doctor for your other ongoing care.

**Family  
Doctors**

Your family doctor is central in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at [www.niagaradocs.ca](http://www.niagaradocs.ca) or by calling **Healthcare Connect Ontario at 1-800-445- 1822**. The city of St Catharines provides similar information on their website [www.stcatharines.ca](http://www.stcatharines.ca) or by calling 905.359.6043.