

# Allergy and Immunology



**Children's**<sup>SM</sup>  
Healthcare of Atlanta

## Referral Form

- Non-urgent referral:** Fax this form to 404-785-9111.
- Urgent referral:** Fax this form to 404-785-9111. Call 404-785-DOCS (3627) if you would like to discuss this case with the on-call allergist/immunologist.

Date: \_\_\_\_\_ Form completed by: \_\_\_\_\_

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent or guardian's name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referring provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PCP (if different): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Reason for Referral (required, check all that apply)

#### Allergy Clinic

- |  |   |
|--|---|
| <input type="checkbox"/> Poorly controlled/complicated allergic rhinitis/conjunctivitis* | <input type="checkbox"/> Chronic urticaria (hives occurring repeatedly for > 6 weeks) |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Angioedema (swelling)  |
| <input type="checkbox"/> Anaphylaxis   | <input type="checkbox"/> Drug/medication allergies                                    |
| <input type="checkbox"/> Atopic dermatitis/eczema  | <input type="checkbox"/> Insect sting allergies                                       |
| <input type="checkbox"/> Food allergies  | <input type="checkbox"/> Eosinophilic esophagitis (EE or EoE)                         |
| <input type="checkbox"/> Sinusitis   | <input type="checkbox"/> Other: _____   |

#### Immunology Clinic

- |   |  |
|---|--|
| <input type="checkbox"/> Recurrent or unusual infections      | <input type="checkbox"/> Prior diagnosis of immunodeficiency |
| <input type="checkbox"/> Abnormal newborn screen for IEI/SCID | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Family history of immunodeficiency   |  |

\*For patients with suspected **allergic rhinitis/environmental allergies**, you can initiate diagnosis and treatment prior to referral. Visit [choa.org/medical-professionals/referrals-and-transfers](https://choa.org/medical-professionals/referrals-and-transfers) to view our referral guidelines for more information.