



AIIM CENTRE

ALLERGY, IMMUNOLOGY & INTERNAL MEDICINE CENTRE

#204, 2004 14TH STREET NW.,

CALGARY, AB., T2M 1A6

Tel: 1-877-525-4625 Fax: 587-387-7190

PATIENT INFORMATION (LABEL)

TRAY FEE MAY BE APPLICABLE

ALLERGY, IMMUNOLOGY AND INTERNAL MEDICINE

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergy Rhinitis | <input type="checkbox"/> Contact Dermatitis | <input type="checkbox"/> Thyroid Dysfunction |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Food / Enviro Allergy | <input type="checkbox"/> Pulmonary function | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Patch Test | testing (Spirometry +/-
Bronchodilator, Lung Volumes,
Diffusing Capacity) | <input type="checkbox"/> Spirometry with diffusion |
| <input type="checkbox"/> Penicillin, NSAID or
other Drug Allergy | <input type="checkbox"/> Urticaria/Angioedema | <input type="checkbox"/> Metabolic Syndrome |
| | <input type="checkbox"/> Pruritis/Itch | <input type="checkbox"/> Other (Please specify
below) |
| <input type="checkbox"/> Atopic Dermatitis/Eczema | <input type="checkbox"/> Venom Allergy | |

Reason for referral/indication _____
for testing

Current medication(s) (List or attach): _____

*****IMPORTANT:** All patients that require skin testing must discontinue their antihistamine medications and Graval 2 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 an appointment.

*We offer on-site immunotherapy injections.

REFERRING PHYSICIAN – PLEASE COMPLETE

Referring Physician (Please Print):

Clinic Details:

Physician Signature:

Prac. ID:

PLEASE NOTE: Our office will contact your patient with appointment details and instructions.

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