

ALLERGY & ASTHMA REFERRALS

Thank you for choosing St. Peter's Health Medical Group Allergy & Asthma! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-447-5925.**

Please mark the referral reason and ensure the corresponding information is enclosed:

- | | |
|--|---|
| <input type="checkbox"/> Asthma <ul style="list-style-type: none"><input type="checkbox"/> Spirometry report<input type="checkbox"/> Pulmonary Function Test (PFT) report | <input type="checkbox"/> Skin Symptoms <ul style="list-style-type: none"><input type="checkbox"/> Eczema (do not draw any food allergy labs)<input type="checkbox"/> Contact Dermatitis (metal/fragrance testing, etc) |
| <input type="checkbox"/> Chronic Cough <ul style="list-style-type: none"><input type="checkbox"/> Completed tobacco/drug screening and cessation counseling<input type="checkbox"/> Discontinuation of ACE inhibitor<input type="checkbox"/> Treatment for reflux for at least four weeks<input type="checkbox"/> Trial of corticosteroid nasal spray x 2-4 weeks<input type="checkbox"/> Chest x-ray<input type="checkbox"/> Spirometry report | <input type="checkbox"/> Chronic Hives/Angioedema
<i>Please advise patients that allergy skin testing rarely performed for this condition. Itching without a rash is not consistent with an allergy, referral not appropriate.</i> |
| <input type="checkbox"/> Food Allergy
<i>If below symptoms are not present, referral not appropriate. Celiac, IBS, IBD, and food intolerance/sensitivities are not allergic conditions.***</i> <ul style="list-style-type: none"><input type="checkbox"/> History of reproducible hives, swelling, difficulty breathing, anaphylaxis with a certain food, bloody stool in an infant | <input type="checkbox"/> Medication Allergy
<i>Will be referred to our Allergy Pharmacist for evaluation.</i> |
| | <input type="checkbox"/> Environmental Allergy |
| | <input type="checkbox"/> Eosinophilic Esophagitis <ul style="list-style-type: none"><input type="checkbox"/> Most recent upper endoscopy report<input type="checkbox"/> Esophageal biopsy results |
| | <input type="checkbox"/> Other (please specify)
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Please push all images to PACs at St. Peter's Health or mail hard copy disk. Our providers will review all documents and imaging once received and your patient will be called to schedule.

Thank you again for choosing St. Peter's Health!

Best Regards,

St. Peter's Health Allergy & Asthma