

North Toronto Allergy

Specialists in Pediatric and Adult Allergy
and Clinical Immunology

☎ 416-224-9333

📠 416-224-8146

📍 3292 Bayview Ave, Suite 301
North York, ON, M2M 4J5

Referral Form

Patient Information (Affix patient label)

Patient Name:

OHIP Number:

Date of Birth (dd/mm/yy):

Phone Number:

Family Doctor:

Gender (M/F):

Address:

City:

Postal code:

Reason for Referral

Requested consultant:

*Available in other languages

☐ *First Available
Allergist*

☐ Dr. Audrey Segal

☐ Dr. Lucy Duan *Mandarin

☐ Dr. Melanie Conway

☐ Dr. Shama Sud

Clinical Information:

☐ Anaphylaxis

☐ Eczema

☐ Penicillin allergy

☐ Asthma

☐ Food allergy

☐ Urticaria

☐ Other drug allergy

☐ Venom allergy

☐ Allergic rhinitis

☐ Angioedema

☐ Immunodeficiency

☐ Other

Referral Priority:

☐ Urgent

☐ Routine

Referring Physician Information:

Physician Name

Phone Number

Address

Fax Number

Billing Number

Signature

Date

Please fax all referrals to 416-224-8146