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Santé et Services sociaux Québec

DT9426

CONSULTATION FOR ALLERGY/ IMMUNOLOGY ADULT AND PEDIATRIC

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

Patient's first and last name

Health insurance number | Expiry: Year Month

Parent's first and last name

Area code Phone number | Area code Phone number (alt.)

Address

Postal code

Reason for consultation — **Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months**

Respiratory	Rhinitis/ recurrent sinusitis	☐ Evaluation and treatment options		E
		☐ Allergy evaluation/skin tests		E
		☐ Evaluate if a candidate for desensitization for inhalent allergies		E
	Asthma	☐ Evaluation and treatment options		E
		☐ Allergy evaluation/skin tests		E
		☐ Evaluate if a candidate for desensitization for inhalent allergies		E
Food allergy	Food allergy[1] *(please specify the suspected food or foods)* **Prescribe an epinephrine auto injector*	Age < 2 yrs	☐ ≥ 2 foods	D
			☐ Only one food	E
		☐ Age ≥ 2 yrs		E
Anaphylaxy	Anaphylaxis[1] of unknown cause **Prescribe an epinephrine auto injector* Diagnostic criteria for anaphylaxis: ≥ 2 systems involved (please specify): • Skin involvement including angioedema • Respiratory system • Gastrointestinal system • Cardiovascular system	☐ ≥ 2 episodes in the last year		C
		☐ First episode		D
	Anaphylaxis[1] with a known cause, please refer to other sections on this form			
	☐ Insect allergies with systemic reactions **Prescribe an epinephrine auto injector*			D

Urticaria/ Angioedema[2]	☐ Chronic urticaria[2] > 6 weeks (with or without angioedema) not controlled with 4 times the dose of a non sedating 2nd generation antihistamine		D
	For acute urticaria: please refer to the chart[2] on the back of this form or other sections of the form		
	☐ ≥ 2 episodes of isolated angioedema[2] despite already stopping ACE inhibitors[3]		D
Immuno-deficiency	Suspected immunodeficiency[4] *(Prerequisite: CBC, IgG, IgA, IgM)*	☐ If IgG level is abnormal	D
		☐ If IgG level is normal	E
Medication	*(Prerequisite: must specify which medication or medications and give details about the reaction in the section "Relevant clinical information")*	☐ Penicillin[5]	E
		☐ Other medications[5]	E
		☐ Essential medicaton without alternatives[5] AND need to be prescrib in a short time (specify)	C
Vaccines	Vaccin allergy: Complete the formulary "Déclaration de manifestations cliniques après une vaccination"[6] and send it to the Director of Public Health. **Do not refer to the CRDS.**		

☐ **Other reason for consultation or clinical priority modification *(MANDATORY justification in the next section)*:**

Clinical priority

Suspected diagnosis and clinical information (mandatory)

If prerequisite is needed :

☐ **Available in the QHR**

☐ **Attached to this form**

Special needs:

Referring physician identification and point of service

Referring physician's name | Licence no.

Area code Phone no. | Extension | Area code Fax no.

Name of point of service

Signature | Date (year, month, day)

Stamp

Family physician: ☐ **Same as referring physician** ☐ **Patient with no family physician**

Family physician's name

Name of point of service

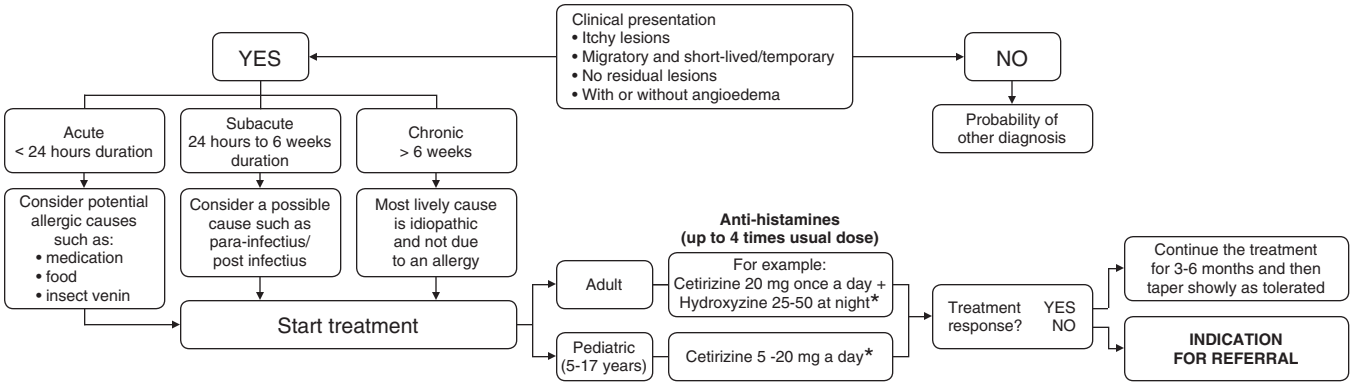
Registered referral (if required)

If you would like a referral for a particular physician or point of service

Legend

[1] Note: There is a refractory period up to 6 weeks for test's validity (false negative) post anaphylactic reaction

[2] Urticaria and angioedeme treatment (see chart below)



* Systemic oral steroids **are not** recommended as first line treatment for urticaria

[3] ACEI: angiotensin-converting-enzyme inhibitor

[4] Suspect immune deficiency: http://immunodeficiency.ca/primary-immunodeficiency/10-warning-signs/

[5] In case of a new drug reaction, fill in the Form AH-707A (New allergic drug reaction reporting Form)

[6] Link to declaration form: http://publications.msss.gouv.qc.ca/msss/fichiers/piq/chap7_mci-formulaire-generique.doc

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Acute anaphylaxis
- Severe asthma exacerbations or an asthma exacerbation unresponsive to at least 24 hours of oral steroid treatment