



ACTIVECARE MEDICAL CLINICS

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Dr. Hoang Pham MD, FRCPC

Allergist/Clinical Immunologist

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Handwritten signature of Hoang Pham

Dr. Hoang Pham Allergy Referral Form

Special Interest in Severe Asthma, Eczema, Nasal Polyps, Eosinophilic Esophagitis

Referring Provider Information

Provider Name: _____

Billing #: _____

Fax: _____

Patient Information/Sticker

Patient Name: _____

OHIP # & VC: _____

DOB (DD-MM-YY): _____

Phone: _____

Address: _____

Attach patient profile, medication list, & all relevant notes/test results. Reason for Referral: (Accepting All Ages; English/Vietnamese). Select >=1 box

Urgent referrals are triaged <7 days, Semi-urgent <14 days, Routine <30 days

- Environmental Allergies, Skin Tests, Chronic Rhinosinusitis/Nasal Polyps, Asthma, PFT, FENO, Asthma-COPD Overlap, Chronic Cough, Food Allergy, Venom Allergy, Oral Allergy Syndrome, Eosinophilic Esophagitis, Anaphylaxis, Drug Allergy, Eczema, Urticaria, Angioedema, Contact Dermatitis, Patch Tests, Mastocytosis, Eosinophilia, Immunodeficiency

Dr. Hoang Pham, MD Allergy/Clinical Immunology. Grid of icons and text for: Environmental Allergies, Immunodeficiency, Food Allergy, Drug Allergy, Asthma +/- COPD Overlap, Hives/Urticaria, Chronic Rhinosinusitis (CRS), and Venom Allergy.