



Columbia Asthma & Allergy CLINIC

Fremont Clinic
3448 Mowry Ave
Fremont, CA 94538
Phone: (510) 373-3000
Fax: (814) 898-6128

Redwood City Clinic
80 Arch St, Suite A
Redwood City, CA 94062
Phone: (650) 368-2371
Fax: (650) 368-6872

Oakland Clinic
80 Grand Ave, 5th Floor
Oakland, CA 94612
Phone: (510) 993-0200
Fax: (814) 898-6128

Sunnyvale Clinic
520 Lawrence Expressway,
Suite 303
Sunnyvale, CA 94085
Phone: (408) 800-1771
Fax: (408) 890-5005

San Leandro Clinic
13847 East 14th St, Suite 112
San Leandro, CA 94578
Phone: (510) 352-8585
Fax: (814) 352-8644

Patient Name: _____

Date of Birth: _____ Phone: _____

Address: _____ Insurance: _____

Reason for Referral:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acute Rhinitis | <input type="checkbox"/> Atopic Dermatitis | <input type="checkbox"/> Exercise-Induced Asthma |
| <input type="checkbox"/> Allergic Asthma | <input type="checkbox"/> Bee Allergy | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Allergic Rhinitis | <input type="checkbox"/> Chronic Sinusitis | <input type="checkbox"/> Medication Allergy |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Contact Dermatitis | <input type="checkbox"/> Non-Allergic Rhinitis |
| <input type="checkbox"/> Angiodema | <input type="checkbox"/> Cough-Variant Asthma | <input type="checkbox"/> Urticaria |
| | <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Vasomotor Rhinitis |
| | | <input type="checkbox"/> Other |

PLEASE SEND CHART NOTES

Referring Doctor: _____

Date of Referral: _____ Phone: _____

Notes: _____