



# Columbia Asthma & Allergy CLINIC

**Clackamas Clinic**  
8740 SE Sunnybrook Blvd, Suite 300  
3<sup>rd</sup> Floor (24 Hour Fitness Building)  
Clackamas, OR 97015  
Phone: (971) 220-2201  
Fax: (888) 468-7534

**Gresham Clinic**  
Legacy Urgent Care Building  
2850 SE Powell Valley Rd, Suite 104  
Gresham, OR 97080  
Phone: (971) 220-2202  
Fax: (888) 468-7648

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"/> Angioedema        | <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: \_\_\_\_\_

\_\_\_\_\_