

# UCSF Health Allergy & Immunology Clinic

Thank you for referring to our specialty clinics for primary immunodeficiency, secondary hypogammaglobulinemia, drug allergy, and severe asthma. We currently provide second opinions for the following indications. Please provide the following information with this cover sheet and we will review to see if your patient meets criteria to be seen for a consultation. We will determine the need for ongoing care at UCSF Allergy/Immunology Clinic during the initial consultation. We look forward to partnering with you.

## PATIENT DEMOGRAPHICS

Name of patient: \_\_\_\_\_

DOB: \_\_\_\_\_ Interpreter needed: Yes No Language: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

If child, name of parent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance: Include patient's insurance card (both sides) and HMO authorization if required

## PRIMARY CARE PROVIDER INFORMATION

PCP Name: \_\_\_\_\_ Phone: \_\_\_\_\_

We kindly request that all patients have a primary care provider who will co-manage patients who need ongoing care at UCSF Allergy/Immunology Clinic.

## REFERRING PHYSICIAN INFORMATION

Referring MD: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Primary Immunodeficiency or Secondary Hypogammaglobulinemia

- IgG, IgA, IgM
- Tetanus IgG
- Pneumococcal IgG levels (all 23 serotypes)
- Lymphocyte subsets
- Urinalysis
- Infection history
- Medical history (protein loss, organ transplant, B-cell lymphoma, CLL, multiple myeloma)
- Immunosuppression history (e.g., B-cell depleting therapy like rituximab)

## Severe asthma

- Prior PFTs
- CBC/diff (eosinophil count), IgE
- Any available prior aeroallergen testing (skin or serologic)
- Any available prior allergen immunotherapy records
- FENO, if available

UCSF is actively enrolling patients with moderate/severe asthma, poor control, and currently on or considering biologics/additional therapy in clinical trials (<https://acrc.ucsf.edu/current-research-studies#Asthma>). **Please let us know if your patient is interested in clinical trials.**

## Drug Allergy Testing

Please select from the list of available testing options:

- ☐ Antibiotic – Penicillin
- ☐ Antibiotics – Non-Penicillin
- ☐ Aspirin / NSAIDs
- ☐ Biologics (e.g., rituximab) / Chemotherapy (e.g., platins, taxanes)
- ☐ Contrast (iodinated, CT)
- ☐ Contrast (gadolinium, MRI)
- ☐ General Anesthetics (etomidate, fentanyl, ketamine, midazolam, neostigmine, ondansetron, propofol, sugammadex, succinylcholine, cisatracurium, rocuronium)
- ☐ Local Anesthetics
- ☐ Progesterone
- ☐ Steroids
- ☐ Vaccines

If non-penicillin antibiotics, biologics/chemotherapy, general anesthetics, local anesthetics, steroids, or vaccines were selected, please write down specifically which ones the patient needs testing for. This information needs to be completed before the referral will be processed.

COVID-19 vaccines: We are able to offer monitored full-dose vaccine administration. However, COVID-19 vaccine skin testing, excipient skin testing, graded dosing, and desensitization is NOT AVAILABLE at UCSF. We do not write vaccine exemption letters.

**We do not have specialty clinics for MCAS or mast cell conditions but will consider referrals for patients with mastocytosis who need venom immunotherapy.**

- Tryptase level
- C-kit mutation analysis
- Bone marrow or other tissue biopsy with mast cell counts