

Joint Allergy and ENT Clinic Referral Form

Enquiries / Appointments Hotline: 08000 483 330

Email: appointmentsteam@londonmedical.co.uk

Referrer Name: _____
GMC _____
Clinic/ Surgery Details: _____
Signature: _____

Name: _____
DOB: _____
Contact Number: _____
Home Address: _____
Self-Pay/Insurance: _____

Our Allergy Clinic has 2 pathways which provide patients with a comprehensive and diagnostic service. Both pathways include an initial consultation, diagnostic procedures and a same day, follow up appointment with access to pharmacy onsite for any treatment's prescribed.

Please select the referral pathway which is most relevant to the symptoms you are referring for.

Allergy 1	Allergy 2 (13 + Year)
Ears, Nose, Throat	Immunotherapy for: hay fever, house dust mite allergy, mold allergy & pet allergy
Sinuses	Food allergy
Larynx / pharynx	Drug allergy
Angioedema – neck, face, throat swelling	Anaphylaxis
Allergic/ non- allergic rhinitis *** <u>If the patient has already seen an ENT consultant the patient will be referred to Allergy 2</u>	Eczema
	Urticaria
	Asthma
	Pet allergy

Please tick below the most appropriate allergy pathway for your patient based on their symptoms

Allergy 1	
Allergy 2	

Ref	Joint Allergy and ENT Clinic Referral Form	Version	1	Date of issue	12/02/2025
Author	Lung, Sleep and Neurophysiology Centre Manager	Page 1		Review date	12/02/2026