

REFERRAL PARAMETERS for the Immunology Clinic

General Information

How to reach us:

Phone Number: General inquiries (416) 813-8627
 Administrative Staff - Jessy DeBraganza

Fax Number: (416) 813-8638

Location: Main Floor Black Wing 555 University Avenue
 Clinic 9 Toronto, Ontario
 M5G 1X8

Contact Person: General Inquiries regarding Allergy (416) 813-8156
 appointments
 For patient concerns: Jessica Willett Pachul (416) 813-5301
 RN.

Clinic Hours: 12:30p.m. to 4p.m.

How to make a referral:

- All patients require a referral to visit our clinic.
- If you are a health-care professional, log in to eCHN to submit your referral. From your eCHN account, you will be seamlessly connected to SickKids e-referral platform, EpicCare Link.
- [Learn more about our referral process.](#)
- For urgent referrals only (same day referrals), contact eCHN's Helpdesk directly 416-813-7998 or 1-877-252-9900, or by email at helpdesk@echn.ca.
 On weekends and after 6 p.m. on weekdays, please contact the Fellow on call via SickKids Locating at 416-813-1500.

Referral Parameters - Immunology/Primary Immune Deficiency

Referring professionals accepted	Physicians
Patient group parameters	<ol style="list-style-type: none"> 1. Diagnosis and management of patients with suspected primary immune deficiency including: <ol style="list-style-type: none"> a. Recurrent, persistent, unusual or overwhelming infections b. Family history of immune deficiency, infections, autoimmunity, or malignancy c. Genetic abnormalities associated with immune deficiency. d. Syndromes associated with immune deficiency. e. Recurrent fever f. Persistent lymphadenopathy and hepatosplenomegaly 2. Lymphoid malignancies and/or lymphoproliferative disorders prior to initiation of chemotherapy
Requirements pre-visit	Please include with the referral: <ol style="list-style-type: none"> a. Detailed patient history of reason for referral b. Detailed history of infections (type of infections, frequency of infections, need for antibiotic treatment, objective documentation of the infections) c. Prior relevant medical evaluations. d. Presence of allergic, autoimmune or malignant diseases. e. Current and recent medications. f. Any immune modulating treatment within recent 3 months (including intravenous immunoglobulin, systemic steroids, chemotherapy, radiotherapy, etc). g. Immunization records. h. Growth parameters

	<p>i. Recent complete blood count with differential count, immunoglobulin levels.</p> <p>ii. Detailed history of fever (fever diary) if applicable</p>
Additional information (if available)	<p>Please include with the referral:</p> <ul style="list-style-type: none"> • Results of any previous tests (e.g. X-rays, CT scans, pulmonary function, cultures, etc.) • Family history of recurrent or unusual infections. • Family history of autoimmune or malignant diseases.
Time Frame for Initial Visit	<p>a. Patients with a high suspicion of Severe Combined Immune Deficiency or hypogammaglobulinemia are seen within 1- 2 weeks. Please contact the Immunology Fellow on call at 416 813-1500 to discuss urgent referrals.</p> <p>b. Other immunological issues: 12-16 weeks</p>
Initial Visit may include	<ul style="list-style-type: none"> • History and Physical exam • Blood work • Review of Vaccination (therefore bring your Vaccination card) • Skin Testing • Genetic analysis • Diagnostic Imaging • Pulmonary Function Testing • Patient and family education
Age limit	Up to 18 years of age. Exceptions may be made for suspected Primary Immune Deficiency (i.e. common variable immunodeficiency).
Pre-visit education material and instructions	<ul style="list-style-type: none"> • Information on Visiting SickKids • Confirmation of appointment letter (mailed or faxed by clinic if time frame permits)