



To: LAC+USC Breathmobile Referral System

FAX ALL REFERRALS TO 323 226 5049

DATE: _____

From: _____

(Person making referral)

(TELEPHONE NUMBER)

Patient Name _____ Date of Birth _____

Patient Address: _____

Primary Phone () _____ (home / work/ cell)

Alternative Phone () _____ (home/ work / cell)

INSURANCE CO: _____ POLICY #: _____

Policy Holder Name: _____

If DCFS patient, Case # _____ Caseworker Contact Info: _____

Caregiver/Legal Guardian _____

Primary Language (circle): English Spanish Other: _____

Asthma History:

History of (check all that apply):

- Asthma Allergic Rhinitis Anaphylaxis Food Allergy Atopic Dermatitis/eczema
- Anxiety Depression Developmental Delay Prematurity @ _____ weeks
- Post-traumatic stress disorder Fetal Alcohol Syndrome

(Food allergy or Anaphylaxis: suspected cause _____)

In past year (Unknown- enter 'UK'):

of school days missed due to Asthma, Cough, Wheeze, or Shortness of Breath _____

Hospitalizations due to asthma _____ #Emergency room visits due to asthma _____

Lifetime History (Unknown- enter 'UK'):

Hospitalizations due to asthma _____ #Emergency room visits due to asthma _____

ICU admissions due to asthma _____ Intubations due to asthma _____

Initial age of asthma diagnosis: _____ years Steroid bursts (oral): _____

Current medications: (complete all that apply)

Controllers: None

Flovent _____ mcg _____ times/day	Qvar _____ mcg _____ times/day
Advair _____ mcg _____ times/day	Pulmicort _____ mcg _____ times/day
Dulera _____ mcg _____ times/day	Asmanex _____ mcg _____ times/day
Singulair _____ mg _____ times/day	Other: _____

Relievers: Albuterol _____ mcg _____ times/day or prn Xopenex _____ mcg _____ times/day or prn

Nasal Steroid: _____

Antihistamine: _____

Other Medications: _____

Additional Comments:

PLEASE FAX ALL REFERRALS TO 323 226 5049. CALL THE OFFICE 323-226-3813 OR BREATHMOBILE IN YOUR AREA TO TRACK REFERRALS..

Mobile 1: 323-640-9670 (Najib Maalouf, MD)

Mobile 2: 323-640-1606 (Grace Dale, CPNP)

Mobile 3: 323-640-6652 (Marcia Barrera, FNP)

Mobile 4: 323-640-6525 (Tania Kimia, MD)

Internal Office Use Only: Date Received _____ Initial _____

Appointment Date/Time _____