



Southern California Chapter  
Asthma & Allergy Foundation of  
America



**To: The Breathmobile Referral System**

Date \_\_\_\_\_

**From:** \_\_\_\_\_  
(School Nurse Sending Referral)

\_\_\_\_\_  
(TELEPHONE NUMBER where you can be reached)

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School of Attendance \_\_\_\_\_ District \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home Language \_\_\_\_\_ Type of Insurance \_\_\_\_\_

# of School Days Missed due to Asthma, Cough, and Shortness of Breath \_\_\_\_\_

Hospitalizations \_\_\_\_\_ Emergency room visits \_\_\_\_\_

Current medications \_\_\_\_\_

Comments \_\_\_\_\_

**Are there other siblings to be seen?**

\_\_\_\_\_  
(Name) (Date of Birth) (School & Grade)

\_\_\_\_\_  
(Name) (Date of Birth) (School & Grade)

**Parent Consents to Referral\***

\_\_\_\_\_  
\*Breathmobile staff will contact parent for appointment Parent Signature or Phone Consent (Date and Time)

**PLEASE FAX ALL REFERRALS TO 323 226 5525.**

CALL THE OFFICE at 323-226-3813 OR THE BREATHMOBILE IN YOUR AREA TO TRACK REFERRALS.

Breathmobile 1 – Dr. Maalouf	East LA / Central LA	323 640 9670
Breathmobile 2 – Dr. Li	San Fernando Valley	323 640 1606
Breathmobile 3 –	Central LA / South LA	323 640 6652
Breathmobile 4 – Dr. Kimia	Huntington Park / South Gate	323 640 6525

