



Dermatology & Allergy Specialists of Olympia

Allergy Office: 703 Lilly Road NE, Suite 103, Olympia, WA 98506 (360) 413-8265 Fax: (360) 413-8868

ALLERGY AND IMMUNOLOGY NEW PATIENT INFORMATION SHEET

The following information is provided to assist you in dealing with our office. If you have questions that are not answered below, you may contact us at (360) 413-8265.

1). HOURS OF OPERATION:

Monday: **CLINIC CLOSED.**

Tuesday: Dr. Kanthawatana 8:30am – 5:00pm **Allergy shots (unless noted)**

Wednesday: Dr. Brown 8:30am – 3:30pm. **Allergy shots (unless noted)**

Thursday: Dr. Kanthawatana 8:30am – 5:00pm **Allergy shots (unless noted)**

Friday: Dr. Kanthawatana 8:30am – 3:30pm **Allergy shots (unless noted)**

NOTE: A schedule for allergy shot hours for each month can be obtained at our check-in desk and at our website (www.dasowa.com/allergy).

2). OFFICE VISITS: The initial visit is usually much longer than follow-up visits. Expect to spend at least one hour in the office at the time of your initial visit. If allergy testing is done, then the initial visit may last as long as **3 hours**. Follow-up visits are usually much shorter, typically 30 minutes. Please bring any x-rays and CT scans involving the nasal area (i.e. limited coronal CT, four view CT of sinuses, etc.)

Please refrain from wearing perfume/cologne when visiting our office; some of our allergy patients are very sensitive to perfume/cologne.

FOR THE PARENTS OF A CHILD PATIENT: Please do not make comments in front of the child, which may reinforce negative behavior. A typical example would be “Johnny hates to have his ears examined.” **If at all possible, leave all children, other than the one who is the patient, at home.** In our office, we will discuss with you and your child regarding any testing procedures and/or treatment that may be used during your visit.

4). You may continue to take your other medications (for example: nasal sprays such as Flonase, Rhinocort, Nasonex, Nasalcrom, etc. Patients with asthma may continue Flovent, Pulmicort, or any other inhaled corticosteroids and Singulair/montelukast. If your asthma symptoms are stable without bronchodilator, hold off Albuterol, Serevent, Foradil, Symbicort, and Advair for at least 12 hours before visit. **Please do not stop your inhaler if you are currently having asthma symptoms.**

5). ALLERGY TESTING: At the time of your initial visit, the doctor may recommend allergy testing. The number of tests performed may vary. Extracts from various allergens will be applied usually to your back, depending on your history. If a red bump appears, then you are allergic to that substance. Please inform us if you will not be able to lie face down (on your stomach). Sometimes the doctor may want to perform a few additional tests, called intradermal, on your arms. The allergic substance is injected with a small needle similar to a tuberculosis skin test. The results are ready 10-15 minutes after the pinprick or intradermal tests are applied. The results will be discussed with you and the doctor will make treatment recommendations. For children under the age of 10, procedures different than described above are often necessary. **Allergy skin testing need not be done during the first visit depending on your medical conditions and/or medications. Please do not stop taking medications you are taking for symptoms of hives and/or swelling.**

THE FOLLOWING IS THE LIST OF SKIN TESTS OFFERED IN OUR OFFICE

- **Environmental Allergy Test:** Pollens, animal dander, feathers, cockroach, dust mites and molds.
Whole panel for adult (\$11.52 per prick): Prick Method ~Estimated cost \$ 460
Intradermal method ~ Estimated cost between \$250 - \$380

- **Food Allergy Test:** Each prick costs \$11.52 ~ price depending on number of foods tested for.
- **Venom Tests:** Honey bee, wasp, yellow jacket, yellow hornet, and white-faced hornet. Estimated cost between \$300-\$1200.
- **Penicillin Skin Test:** Cost is based on how many test are done~\$180-\$450

6). ALLERGY MEDICATION: Before your skin testing can be done, antihistamine medications need to be withheld at least 3-5 days. Some common antihistamines are listed below.

A.R.M.	Codimal	Histaspan	Sinequan
Actifed	Comhist	Hydroxyzine	Sinarest
Advil PM	Comtrex	Isoclor	Tacaryl
Afrinol	Contac	Kronofed-A	Tavist
Alka Selzer Plus	Cyproheptadine	Loratadine	Teldrin
Aleve PM	Deconamine	Motrim PM	Temaril
Allegra/Allegra D	Demazin	Nolahist	Thorazine
Allerest	Dimetane	Novahistine	Trinalin
Ambenyl	Dimetapp	Optimine	Triaminic
Atarax	Diphenhydramine	Percogesic	Tagamet
Atrohist	Doxepin	Periactin	Tylenol PM
Benadryl	Drixoral	Phenergan	Tylenol Simply Sleep
Bromfed	Effexor	Polaramine	Vistaril
Brompheniramine	4-way cold tablets	Pepcid	Zantac
Chlor-Trimetron	Famotidine	Ru – Tuss	Zyrtec/Zyrtec D/
Chlorpheniramine	Fedahist	Ranitidine	Cetirizine
Claritin/Claritin D	Fedraxil	Rondec	Anti nausea meds (eg.
Cimetidine	Fexofenadine	Rynatan	Compazine)
Clarinex	FEZ tablets	Scot – Tussin	222Quil
Coricidin	Hispril Spansule	Sinulin	

Recent administration of systemic steroids such as oral prednisone (within 1 month) may also interfere with skin testing.

Topical antihistamines such as Elestat, Optivar, Patanol, and Zaditor eye drops, and Astelin nasal spray, etc., may also interfere with skin testing. Please stop these medications 3 days before skin testing.

Some other medications may also interfere with skin testing, for example, **antidepressants (especially Amitriptyline, Nortriptyline, and Doxepin.)** Other antidepressants have relatively lower effects on skin testing. These include Adaptin, Buspar, Elavil, Prozac, Sinequan, Surmontil, Serazone, Tofranil, Xanax, Zoloft, Celexa, etc. **These medications should NOT be stopped unless you have discussed this matter with your primary care physician.**

If you are unsure whether the medication you are taking is an antihistamine you may call our office for advice from our allergy nurse at (360) 413-8660.

Prescription refills may be requested during the office hours or you may request your pharmacy to send a refill request to our office. If you need help with allergy related problems when the office is open, please feel free to call.

Please call 911 or go directly to an Emergency Department if you are having acute severe allergic reactions or asthma exacerbations.

We strongly encourage you to establish care with a general practitioner if you do not have a primary care physician. If the office is closed and you cannot reach Dr. Kanthawatana, Dr. Brown, or your primary care physician, or you do not have a primary care physician, then your option is to be seen at a walk-in clinic (for example: Pacific Walk-In or West Care Clinic), or one of the Hospital Emergency Departments.

ALLERGY & IMMUNOLOGY NEW PATIENT FORM

Dermatology and Allergy Specialists of Olympia, PLLC

DATE: _____
Name: _____ SEX: M F
Date of Birth: _____ Age _____

Reason for Today's visit _____
Primary Care M.D. _____
Referring M.D.: _____

Please check allergy symptoms that apply to you:

- Nasal congestion/stuffiness runny nose
- Sneezing nose bleed Nose itching
- Post-nasal drip/drainage
- Snoring or breathing through the mouth
- Frequent yellow or green nasal discharge
- Headache
- Itchy or watery eye Puffiness Tearing
- Chronic cough Bronchitis/pneumonia
- Wheezing, shortness of breath, chest tightness
- Shortness of breath with exercise
- Diagnosis of asthma made _____ yrs ago
Number of hospitalizations for asthma _____
Last hospitalization for asthma _____
Number of emergency visits for asthma _____
Last asthma exacerbation _____
Days of school/work missed last year _____
- Possible reaction to food
Described _____
- Insect sting reaction
Described _____
- Rashes Itchy skin Contact dermatitis
- Hives How long? _____ Lips/throat swelling
- Eczema How long? _____
- Frequent infections: Sinusitis Pneumonia
- Frequent ear infection P.E. tube Ear Pain
- Hearing Loss
- Previous skin test No Yes (Year.....)
- Transfer allergy care from Dr. _____
Continue allergy shots started _____ yrs ago.
- Others (explain) _____

Exacerbating factors:

- Travel Foods Temperature change
- Dust Exercise Irritant fumes or odors
- Stress Animals Drugs: aspirin,
- Infection

These symptoms occur: All the time
 Spring Summer Fall Winter

Worse Outdoor Work School
 Morning Night All day

CURRENT MEDICATIONS:

PAST MEDICAL HISTORY:

Age or Year

Hospitalizations: _____ for _____
_____ for _____
_____ for _____
_____ for _____

Surgeries: _____ for _____
_____ for _____
_____ for _____

Drug Allergies: _____ Reaction _____
_____ Reaction _____
_____ Reaction _____
_____ Reaction _____

Immunizations: Up to date Yes No

Do you have or have you ever had problems with: (circle and explain below if necessary))

- | | | |
|----------------|--------------------------|-----------------------|
| General health | Eye problem | High blood pressure |
| Glaucoma | Ear/hearing | Heart murmur/valve |
| Heart attack | Chest pain | Irregular heart beat |
| Emphysema | Tuberculosis | Stomach problems |
| Reflux (GERD) | Hepatitis/Liver | Inflame Bowel Disease |
| Kidney | Bladder | Prostate |
| Arthritis | Muscle | Skin problems |
| Neurologic | Fainting | Seizure/convulsion |
| Anxiety | Depression | Mental disorder |
| Diabetes | Thyroid | Hormonal problems |
| Anemia | Bleeding | Blood clot/Phlebitis |
| Immune system | Organ transplant | Hypercholesterol |
| HIV/AIDS | Cancer/Lymphoma/Leukemia | |

Female: Are you pregnant? YES NO
Do you plan to become pregnant? YES NO

FAMILY HISTORY: Drug/food allergy.....

- | | | | |
|------------------|-----------------|-----------------------|-------|
| Hay Fever | Asthma | Eczema | Hives |
| Angioedema | Cystic fibrosis | Insect sting reaction | |
| Collagen disease | Thyroid disease | Arthritis | TB |

ENVIRONMENT: Occupation:

- | | | | |
|------------------------------|----------------------|-------------------|----------------------|
| House | Apartment | Trailer | Forced air heat/cool |
| Indoor pets (cat, dog, | Feather/down bedding | | |
| Indoor plants | Basement | Cigarette smoking | |
| Humidifier | Fan | Carpets | Alcohol..... |

PATIENT SIGNATURE:

Date:

Completed by:PatientAllergy nurse

Reviewed:..... M.D.

BLANK PAGE



Dermatology & Allergy Specialists of Olympia

Main Office: 304 West Bay Dr NW, Suite 301, Olympia, WA 98502 Voice:(360) 413-8760 Fax: (360) 413-8839
Allergy Office: 703 Lilly Road NE, Suite 103, Olympia, WA 98506 Voice: (360) 413-8265 Fax: (360) 413-8868

Notice of Privacy Practices Acknowledgement

Due to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, we must have your written acknowledgement of having had an opportunity to receive and review a copy of our Notice of Privacy Practices.

I, _____ acknowledge the opportunity to review and receive
(PRINT PATIENT NAME HERE)

Dermatology and Allergy Specialists of Olympia, PLLC. Notice of Privacy Practices.

OFFICE USE ONLY:

Patient refuses, or is unable to acknowledge receipt of the Notice of Privacy Practices.

Employee Signature

Date

Disclosures to Family and Friends and Clinical Information Calls

Under normal circumstances we would share some of your private health information (PHI) with some of your family members. Please read and complete both of the following:

1. I agree that this office may disclose my private health information to only the following individuals that are my **family members or friends (PLEASE PRINT)**

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ ALL INFORMATION FOR EMERGENCY ONLY

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ ALL INFORMATION FOR EMERGENCY ONLY

OR:

I do not want my private health information disclosed to any individual asking about me, regardless of whether or not they may be a family member or friend.

2. How would you like us to communicate with you regarding clinical information (such as test results and treatment plans)? Following your visit may we call and leave a message on the following:

Home Phone () _____ Cell phone () _____

Work Phone () _____ Other () _____

Signature

Date

Relationship to patient if signed on behalf of the patient