Patient Name _____

Date of Birth _____

MRN _____

New Patient Form – Allergy Patients 4 and Younger

Welcome to the South Bend Clinic Allergy & Immunology Department.

We look forward to working with you to develop a treatment plan to assist you in managing your asthma, allergies, skin problem, food allergy, or immune disorder. As your first appointment is approaching, we want to provide you with some information to help you prepare.

What is involved with a "New Patient Evaluation"?

Many new patients come to the allergist due to ongoing problems with asthma, allergies, or the other conditions mentioned above. You will need to provide a complete medical history, including treatments already tried, and their effects - please bring a list of these, if possible.

You may require allergy testing (also called skin or prick testing), a lung function test, lab work, an x-ray (or other radiology tests), and/or patch testing. Any testing that is recommended will help the physician in the management of your particular problem. You should plan on your initial visit taking 3-4 hours, though it may take less. We are not able to predict which test or tests you will need ahead of time.

What is allergy testing?

Allergy skin testing (also called prick testing) involves quickly pricking the skin with a plastic instrument that is holding a droplet of a certain allergen (for example- cat, ragweed, peanut, etc.) The "prick" site is evaluated about 15 minutes after the test is placed on the skin. At times, the physician may order a second test, called an intradermal test. This is similar to a TB test and involves placing a tiny amount of allergen just under the skin. Through allergy testing, the physician can determine which specific allergens are causing your symptoms. ***Five days*** before your visit, it's very important to stop any medications that can interfere with allergy testing - please see the attached list. If you're struggling with active/severe hives that worsen when you stop antihistamines, please continue them - other options for any necessary testing will be discussed at the visit.

What is a PFT (pulmonary function test)?

A full PFT and spirometry are two slightly different breathing tests that are done in the office. These tests provide the physician with information about how well your lungs are functioning under normal circumstances and when you push them to capacity. An inhaled medication, albuterol, is sometimes given during the test.

Questions?

Please call the South Bend Clinic Allergy & Immunology Department at (574) 237-9217.

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Medications to Stop 5 Days Prior to Allergy Testing

Advil PM	Ahist	Alka-Seltzer Plus	Allegra; Allegra-D
Allerest PE	Atarax	Cetirizine; Cetirizine-D	Chlorpheniramine
Chlor-Trimeton	Cimetidlne	Comtrex	Coricdin HBP
Cyproheptadine	Dimenhydrinate	Dimetapp	Dramamine
Dristan Cold	Famotidine	Fexofenadine; Fexofenadine-D	Hydroxyzine
Levocetirizine	Loratadine; Loratadine-D	Meclizine	Periactin
Pepcid; Pepcid AC	Phenergan	Semprex-D	Stahist-AD
Sudafed	Sudogest; Sudogest PE	Tagamet	Tussionex
Tylenol PM	Vistaril	Walatin	Wal-phed; Wal-phed PE
Xyzal	Zantac	Zyrtec; Zyrtec-D	

If you need a "rescue" antihistamine, you may use Benadryl (diphenhydramine) up to 3 days prior to your appointment.

ANTIDEPRESSANTS WITH PROPERTIES LIKE ANTIHISTAMINES: Ask the prescribing doctor before stopping the medication. Those medications are:

Amitriptyline (Elavil, Endep, Etrafon, Limbitrol)	Imipramine (Tofranil)	Amoxapine (Asendin)
Nortriptyline (Pamelor)	Clomiprailne (Anadranil)	Protriptyline (Vivact)
Desipramine (Norpramin)	Quetipine (Seroquel)	Doxepin (Sinequan)
Trimipramine (Surmontil)		

NASAL SPRAYS- hold for 2 days prior to testing. May continue other nasal sprays such as Flonase.

Astelin (Azelastine)	Patanase (Olopatadine)	Dymista

STEROIDS

Prednisone at 20 mg per day and methylprednisone (Medrol) at 16mg per day can interfere with skin testing. Injected steroids and topical steroids applied to skin may also interfere.

*****ASTHMA INHALERS, INCLUDING INHALED STEROIDS, DO NOT INTERFERE WITH SKIN TESTING AND SHOULD NOT BE STOPPED.**

****Singulair (montelukast), Accolate (zafirlukast), and Zyflo should not be stopped.**

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Today's Date: _____
Name of Person Completing Form: _____ Relationship to Patient: _____
Physician you are seeing today: _____
Chief Complaint/ Purpose of visit today: _____
Please list the concerns you would like to discuss with the physician:

_____
_____
_____

Past medical / Past surgical history:
Please list all **MEDICAL PROBLEMS, HOSPITAL STAYS, or SURGERIES** that you have had (including dates)

_____
_____

Please List all MEDICATIONS or DRUGS you are currently taking, including over-the-counter medications. (Include dosages and frequency, if known)

_____
_____
_____
_____

Please list any known MEDICATION ALLERGIES □ **Check here if no drug allergies**

Name of medication	Reaction (+ date)	Name of medication	Reaction (+ date)

Social I Environment:
Are the parents: married/ divorced/ separated / other: _____
With whom does the patient live? _____
Please list other people involved in care of child or other households the patient is in on a regular basis, such as blended family situations, grandparents, etc.: _____
Is the child in a daycare / preschool? Yes / No If yes, how often? _____
Full term / Premature as an infant? (circle) Birth Weight: _____
Feeding: Breast, Formula, Both (circle) If currently taking formula, what type? _____
Is the child on any special dietary restrictions? _____
Known or suspected food allergies: _____
Place of residence: House / Apartment / Townhouse / Mobile home / Dormitory
Heat source: Gas / Oil / Wood
Humidifier? Yes/ No If yes, are they: Console furnace/ Vaporizer Functional: Yes / No
Do you have allergy filters in your home? Yes / No
If yes, are they: free standing / on the furnace / both
Is there a basement? Yes / No
Is there carpeting? Yes / No
Do you have any allergy covers on your mattress and pillow? Yes / No
Do you have any pets? Yes/ No If yes, please list: _____
Are there any smokers in the family? Yes / No If yes, who? _____

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Review of Systems: Please circle all that apply

Constitutional:	Fever	Weight Loss	Weight Gain	Fatigue		None of these
Special Senses:	Glaucoma	Itching in ears	Loss of smell/taste	Post nasal drip/clearing of throat		None of these
	Dry, itchy, watery eyes		Nasal Congestion			
Lymph Glands:	Glandular swelling	Glandular tenderness				None of these
Heart:	Chest pain	Palpitations	Swelling of ankles	Inability to lie flat in bed		None of these
Intestinal tract:	Nausea	Vomiting	Indigestion/heartburn	Constipation	Diarrhea	None of these
	Excessive gas	Trouble swallowing liquids or foods		Cramping	Bloating	
Urinary:	Kidney stones	Inability to urinate	Kidney infections			None of these
Rheumatologic & Orthopedic:	Joint swelling	Joint pain				None of these
Skin:	Rash	Hives	Itching	Eczema		None of these
Neurological:	Headaches	Epilepsy (seizures)				None of these
Respiratory:	Wheezing	Shortness of breath	Pneumonia	Cough		None of these

List any **MEDICAL PROBLEMS** in your family, especially allergies, asthma, sinus problems, cystic fibrosis, or immune problems

_____

_____

VACCINE History: Are your childhood immunizations up to date? _____

When was your last TETANUS shot? _____

When was your last PNEUMONIA shot? _____

Do you receive an annual flu vaccine? _____

Please list names of other physicians you are currently seeing

_____

_____

_____

Attending Physician Signature: _____ **Date:** _____

The South Bend Clinic, LLP and Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.