

NEW PATIENT FORM: MMC

Dr. John Kolisnyk, ABAI, Allergy, Asthma & Immunology

Emily Pilote, FNP-BC

Hollie Cashion, FNP-PC

Name: _____ Current Age: _____
Primary Provider (if known): _____ Referring Provider (if known): _____
Pharmacy(if known): _____

Office Staff Use: _____ Height _____ Weight _____ BMI _____ B/P _____ HR _____ Temp. _____
MRN: _____ DATE of APPT: _____

*****Please complete all information below*****

Reason for Visit (CC): _____

History/Symptoms (HPI/ROS): circle any applying to concerns, even if not currently present:

HEENT: itchy/ red/ dry or watery eyes runny nose congestion sore throat throat itching ear discomfort
Nasal bleeds ringing in ears hearing difficulties post-nasal drip ear pressure poor smell/ taste/ or hearing

Heart: chest tightness palpitations

Lung/Respiratory: shortness of breath, wheeze, cough, snoring, mouth-breathing, dry mouth

Stomach/Gastrointestinal: nausea, vomiting, diarrhea, constipation, food sticking, throat fullness, painful swallowing

Muscular-Skeletal: joint pains, muscle pains, unusual swelling or edema

Neurologic: general weakness, tremors, headaches, lightheadedness

Skin: rashes, itching, hives, swelling, flushing, flaking, bumps, weeping, pain, burning

Past or Present Medical History/Issues: circle any that apply.

Acid Reflux	Diabetes	Blood Pressure Issues	Nasal Polyps
Asthma	Ear Infection (otitis)	Hives (Urticaria)	Nicotine Use
Bee/Fire Ant Allergy	Eczema	Hypo/Hyperthyroidism	Pneumonia
Cancer	Excessive Bleeding	Immune Deficiency	Sinusitis
Contact Skin Allergy	Food Allergies (specify below)	Kidney Disease	Other: _____
COPD	Heart Disease	Liver Disease	Prior Allergy Tests: Yes / No

Past Surgical History: circle any that apply.

Adenoidectomy Ear Tubes Septoplasty Sinus Surgery Tonsillectomy Turbinoplasty
Esophagus Endoscopy (EGD) Colonoscopy Skin Biopsies Other: _____

Social History: Nicotine Use: Yes / No Type & average use: _____ #Years used: _____ Quit: Yes/ No
Smoke Exposures: Yes / No Current or past occupation(s): _____

Family History: circle any that apply.

Sinus Disease Cancer Eczema Blood pressure issue Nasal polyps Food allergy, Pollen/Animal allergy
Asthma/COPD Cystic fibrosis, Food allergy, Hives, Thyroid disease, Autoimmune Diseases, Diabetes,
Heart disease, Immune deficiency disorders Other: _____

Environmental History:

Do you live in a: Single Home ___ Apartment ___ Home Area: Urban ___ Suburban ___ Country/Rural ___
Age or home? _____ Is there a mold or mildew problem in the home? _____
Extensive carpet exposure? Yes / No Age of pillows? _____ Age of mattress? _____
Heating system: gas/electric ___ space heater ___ wood burning: ___ Animal exposure? Yes / No → Type: _____

Adverse Drug Reactions: _____

Current Medications or Supplements: _____

Suspected Factors Contributing to Symptoms: circle any that apply.

Mowed grass Perfumes Wind Pollen Molds Soaps Humidity/Temperature/Climate Changes
Detergents Chemicals/Fumes Dust Viruses/Infection Alcoholic Beverages
Cats Dogs Smoke Foods Running/Exercise Other: _____

Please read the following information. If you have questions, please call the allergy department. Please allow about 60-90 minutes for a new Allergy appointment.

DAY OF TESTING:

- Wear a loose short sleeve, or sleeve-less shirt if possible. Testing will be done on both arms usually.
- If you have **Asthma**, do not discontinue taking your regular asthma medication.
- If possible, please do not bring young children to your testing session. In the uncommon event you have an allergic reaction while being tested; we do not have the facilities or staff to observe children.
- A parent/guardian must be present throughout testing for minors.

Medications That Could Impact Allergy Testing:

Below are common medications to consider withholding prior to your Allergy evaluation if skin testing is expected to be done on same day. For medications not listed please contact your pharmacist, or our allergy staff, and ask if the medication has any antihistamine-like properties.

If you need to continue your medications, or have a condition that prohibits stopping them, or your doctor does not want you to stop your medications, you may continue them and keep the appointment. However, it may be necessary to perform skin testing on a separate day, or use laboratory testing as an alternative method for assessing your potential allergic condition(s).

<p><u>Antihistamines – 5-7 Days:</u> Azatadine (Optimine) Azelastine (Dymista, Astepro, Astelin) Brompheniramine (Dimetapp) <u>Cetirizine</u> (Zyrtec) Chlorpheniramine (Chlor-Trimeton) <u>Cimetidine</u> (Tagamet) Clemastine (Tavist, Antihist) Cyproheptadine (Periactin) Diphenhydramine (Benadryl) Desloratidine (Clarinet) <u>Famotidine</u> (Pepcid) <u>Fexofenadine</u> (Allegra) Hydroxyzine (Atarax) <u>Loratadine</u> (Claritin) <u>Levocetirizine</u> (Xyzal) Meclizine (Antivert) Nizatidine (Axid AR) Olapatidine (Patanase, Pataday, Patanol, Pazeo) Promethazine (Phenergan) Sleep Aids (trazodone) Tripelennamine (PBZ) Anti-Allergy Eye Drops Cough & Cold Elixirs or Tabs</p>	<p><u>Anti-Emetics (vomiting) – 5-7 days:</u> Prochlorperazine (Compazine) Etc...</p> <p><u>Herbal Supplements – 5-7 days:</u> Licorice Green Tea Saw Palmetto St. Johns' Wort Feverfew Milk Thistle Astragalus</p> <p><u>Tricyclic Antidepressants – 7 days*:</u> Amitriptyline (Elavil) Clomipramine (Anafranil) Desipramine (Norpramin) Doxepin (Sinequan) Imipramine (Tofranil) Nortriptyline (Pamelor)</p> <p>*If using these for mental health conditions, we DO NOT recommend stopping them. These are sometimes used for other medical conditions.</p>	<p><u>Airway Dilators - AM of Test (Asthma/Breathing Evaluations):</u> Albuterol (Proventil, ProAir, Ventolin) Levalbuterol (Xopenex)</p>
---	---	--