

## Dr. Pamela A. Georgeson

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\*Please note: If you are more than 15 minutes late for your scheduled appointment time, you may be asked to reschedule.

Dear New Patient,

We would like to welcome you to Kenwood Allergy and Asthma Center. We are glad to have you as a patient of our practice. As a new patient, there are policies and procedures we need to inform you of. Please look carefully through this packet of information and **fill out all necessary forms prior to your appointment and bring them with you to your first visit. We ask that you arrive 15 minutes prior to your scheduled appointment time to review your paperwork and prepare your chart. If for any reason you cannot make it to your initial appointment, please let us know within 48 hours of your appointment time. There is a cancellation fee for patients who do not cancel their appointment prior to 48 hours.** 

If you have any lab reports, x-ray results or copies of a chart from a previous doctor that would be relevant to your office visit at Kenwood Allergy and Asthma Center, please bring them with you to your initial appointment.

One of the policies we would like to inform you of is the policy regarding health insurance. If you have health insurance, we would be happy to check on your coverage as a courtesy to you before your initial visit. Any benefits quoted are not a guarantee and it is the responsibility of the patient/responsible party to know what their coverage is. We strongly suggest you call your insurance company to make sure you have allergy coverage and to get the co pay and deductible amounts for your visits to our office. It is also the patient's responsibility to keep us informed of any changes to insurance.

You will be responsible for any balance after the charges are billed to your insurance company. Kenwood Allergy & Asthma Center participates with almost all insurance providers. It is recommended that individual questions regarding insurance coverage/plans should go directly to the insurance carrier, however the staff at Kenwood will certainly be happy to help you in any way possible. Some HMO plans require a referral from the primary care physician and patients who come in for an appointment without a referral will be rescheduled.

We must have the patient present at all appointments.

Should you have any further questions, please feel free to contact our office or check our website at <a href="http://www.kenwoodallergy.com">http://www.kenwoodallergy.com</a> and like us on FACEBOOK!

Welcome to the practice.

There are a couple of items that are important for you to be aware of regarding your first appointment at our office. Please read through this entire sheet. We require your signature at the end so we can verify you are aware of the following information before you arrive for your initial appointment.

Many patients ask what the cost of a new patient appointment is. The total cost of the initial appointment at our office varies from patient to patient. The total cost depends on your allergies and the severity of your asthma (for those patients who have allergies/asthma). Some tests may or may not be required depending on your condition. We do all of the allergy and asthma testing procedures at the initial appointment. As you read on the first page, we can assist you with your insurance coverage; however, we cannot give any information regarding your insurance coverage as a guarantee of benefits.

## **Allergy Evaluation:**

Your first appointment at our office may take up to 2-3 hours. Please remember to eat breakfast/lunch on the day of your appointment. Refrain from wearing scented products such as perfume, lotion, aftershave, etc. as fragrances may trigger allergy/asthma symptoms in many of our patients. If you are bringing a young child for his/her first appointment, please bring only the child scheduled for the new patient appointment, as he/she will require your full attention.

Your initial visit to our office will begin with a measurement of your height, weight, blood pressure, pulse, and respiratory rate. A small amount of nasal mucous will be obtained for microscopic evaluation. A pulmonary function (breathing) test may also be performed. This test is to measure the volume of air the patient is able to breathe in and out of their lungs.

Next, the doctor will review your medical history in detail. You will be asked many questions regarding your present and past allergy history, including asthma and skin problems. Exposure to allergens (substances which cause allergy symptoms) at work, home, and school will be discussed. Your medications will also be reviewed. It is very important that you bring your medications/vitamins/supplements with you or a complete list of <u>all</u> current medications/vitamins/supplements. Medications used within the past year and any allergy/asthma medications you have used in the past, will also be reviewed.

Based on the information obtained, the doctor may feel it is appropriate to perform skin tests. We recommend you wear a tank top or short sleeve t-shirt so you will be more comfortable. There are two parts to the skin testing procedure:

- Scratch tests are done first. A small amount of liquid containing the suspected allergen is introduced into the top layer of skin on the back by an applicator with small prongs. The skin is not broken. A positive skin test would result in a small, itchy "welt", similar to a mosquito bite. The number of tests performed varies on the information/history provided to the doctor.
- Intradermal skin tests are more sensitive and may reveal an allergy not detected by the scratch test. This involves injecting a small amount of liquid containing the allergen under the top layer of skin on the upper arm.

At the end of your appointment, the doctor will conduct an exit consultation, which will include a review of the findings, diagnosis, plan of treatment, and teaching of new medications. All of the above will be presented in written form for you to keep for your records.

\*Antihistamines (tablets, eye drops, and topical creams) and a few other medications will interfere with skin testing.

## These medications must be stopped at least four days prior to your initial visit:

| ACRIVASTINE      | CETIRIZINE       | DRISTAN            | OPTIMINE            | TACARYL        |
|------------------|------------------|--------------------|---------------------|----------------|
| ACTIFED COLD AND | CHLORPHENERAMINE | DYMISTA            | OPTIVAR             | TAGAMET        |
| ALLERGY          | CHLOR-TRIMETON   | EFIDAC             | ORNADE              | TAVIST         |
| ALAVERT          | CIMETIDINE       | ELESTAT EPINASTINE | PATADAY             | TEMARL         |
| ALAWAY           | CLARITIN         | EXTENDRYL          | PATANASE            | TELDRIN        |
| ALCAFTADINE      | CLARITIN-D       | FAMOTIDINE         | PATANOL             | TRIAMINIC      |
| ALERTEC          | CLARINEX         | FEDAHIST           | PEPCID              | TRINALIN       |
| ALLEGRA          | CLARINEX-D       | FEXOFENADINE       | PERIACTIN           | TRIPROLINE     |
| ALLEGRA-D        | CODIMAL          | HYCOMINE           | PERIHISTACON        | TRIPELENAMINE  |
| ALLEREST         | COMIST           | HYDROXYZINE        | PHENERGAN           | TUSSAR         |
| ANTIVERT         | COMTREX          | KETOTIFEN          | POLYHISTINE         | TUSSI-12       |
| ASTELIN          | CONTAC           | KRONFED-A          | POLARMINE           | TUSSEND        |
| ASTEPRO          | CO-PYRONIL       | LASTACAFT          | PYRIBENZAMINE (PBZ) | TUSSIONEX      |
| ATARAX           | CORICIDIN        | LEVOCETIRIZINE     | RANITIDINE          | VISTARIL       |
| ATROHIST         | CYPROHEPTADINE   | LORATADINE         | RONDEC              | VISTRAX        |
| AXID             | D.A. II TABS     | MARAX              | RU-TUSS             | VISINE-A       |
| AZATADINE        | DECONAMINE       | NALDECON           | RYNATAN             | VISINE ALLERGY |
| AZELASTINE       | DEMAZINE         | NIZATIDINE         | RYNATUSS            | XYZAL          |
| BENADRYL         | DESLORATADINE    | NOLAHIST           | RYNA-12             | ZADITOR        |
| BEPOTASTINE      | DIMETANE         | NOVAHISTINE        | SEMPREX-D           | ZANTAC         |
| BEPREVE          | DIMETAPP         | NOLAMINE           | SINULIN             | ZYRTEC         |
| BROMPHED         | DIPHENHYDRAMINE  | NYQUIL             | SINUTAB             | ZYRTEC-D       |
| BROMPHENERAMINE  | DRAMAMINE        | OLOPATADINE        | SUDAFED PLUS        |                |
|                  |                  |                    |                     |                |

<sup>\*</sup>The above list of medications containing antihistamines is as complete as possible. However, new medications are frequently being introduced. If you are not sure whether a medication contains an antihistamine, please call our office.

It is ok to continue the following medications as they should not interfere with the testing performed: SUDAFED (PSEUDOEPHEDRINE), SINGULAIR (MONTELUKAST), FLONASE (FLUTICASONE), RHINOCORT (BUDESONIDE), NASACORT (TRIAMCINOLONE), NASONEX (MOMETASONE), OMNARIS (CICLESONIDE), QNASL (BECLOMETASONE).

The following medications may interfere with skin testing. <u>If you are taking any of the medications below,</u> <u>please contact your primary care physician and ask if the medication can safely be withheld for five days prior to your initial visit.</u> If your primary care doctor does not feel you should temporarily stop the medication then continue to take it as prescribed.

| <b>Brand Name/Generic Name</b> | <b>Brand Name/Generic Name</b>   | <b>Brand Name/Generic Name</b> |
|--------------------------------|----------------------------------|--------------------------------|
| Elavil / Amitriptiline         | Sinequan / Doxepin               | Janimine / Impiramine          |
| Endep / Amitriptiline          | Surmontil / Trimipramine Maleate | Tofranil / Impiramine          |
| Aventyl / Nortriptyline        | Asendin / Amoxapine              | Adapin / Doxepin               |
| Pamelor / Nortriptyline        | Norpramine / Desipramine         | Anafranil / Clomipramine       |
| Pertofrane / Desipramine       | Vivactil / Protriptyline         |                                |

## Please continue all other medications.

| I have read | d and under   | rstand al | ll of the | informati | on regard | ling the | initial | appointment, | insurance | benefits, | cost | and the |
|-------------|---------------|-----------|-----------|-----------|-----------|----------|---------|--------------|-----------|-----------|------|---------|
| length of t | the initial a | ppointm   | ent:      |           |           |          |         |              |           |           |      |         |

| Signature of Patient/Patient Representative | Date |
|---|------|