

## Patient Information

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### **Welcome**

Thank you for choosing the Allergy Clinic at Cavalon Doctors Clinic! We want to provide you with the best in allergy and asthma diagnosis and treatment services available. This document has been prepared for you to describe the policies and operation of our clinic. We have included answers to questions frequently asked by new patients, but if you have any other questions about anything, please ask one of our staff. We want you to have a complete understanding about your diagnosis, treatment program, and the Allergy Clinic at Cavalon Doctors Clinic.

Also enclosed are a Medical History Questionnaire and patient information sheet which need to be completed **prior** to your visit. Bring the completed form with you when you come for your appointment.

### **Prior to Your First Visit**

Please fill out the **history questionnaire** as completely as possible and bring it at the time of your appointment. Please obtain and bring records of any previous allergy tests and evaluations. Bring a list of the names of medications you have taken in the last year.

We prefer that you have your pharmacist fax a list of all medications you have taken in the past 12 months. Our fax number is (360)830-1783. It will be helpful if you could bring results of any laboratory tests and records from hospitalizations and clinic visits you have had over the last year.

**Discontinue oral antihistamine containing medications, and antihistamine nasal sprays (Astelin, Astepro and Patanase) for 5 days before your appointment.** Antihistamines will interfere with allergy testing. If you have any questions about antihistamines and allergy testing, please refer to the enclosed document outlining medications to stop. If you still have questions, call our nurse at least 24 hours before your appointment. **You do not need to reschedule a new patient visit if you have not stopped taking antihistamines.** Please keep your new patient appointment so we can start your allergy evaluation. Further testing can be rescheduled as necessary.

**\*\* If you are coming in to be seen for hives, you do “NOT” need to stop your antihistamines\*\***

Do not omit medication needed for a serious illness. Antibiotics, steroid medications, steroid nasal sprays, theophylline, and inhalers can be continued. You may eat a regular diet on the day of your allergy tests.

### **The Specialty of Allergy**

Allergy is a sensitivity some individuals develop to substances which are ordinarily harmless to other people. When the allergic person comes into contact with something to which he or she is sensitive, symptoms develop. Symptoms vary greatly. Common symptoms are sneezing, rash, itching, and wheezing. Substances to which the allergic individual may become sensitized are called allergens. They reach the body by being inhaled, swallowed, touched, or injected.

Your allergist is specially trained to diagnose allergy problems and to perform appropriate tests to determine the offending allergens. He or she is also skilled in the management and control of allergic symptoms because of special training and experience in dealing with large numbers of allergic patients.

We work in concert with your primary physician as consultants and cannot assume primary care for all your illnesses or medical problems. If you have certain diagnoses or are on certain treatment plans, you will be **required** to have a primary physician. Allergy consultations require a considerable amount of time. Therefore, our clinic was not established to handle appointments for colds, flu, annual physicals, camp and school examinations, trauma and other routine, but important, medical problems.

### **Appointments**

Since your allergy evaluation will take a considerable amount of time, it must be done by appointment, and a limited number of patients can be scheduled in one day (see “Your Allergy Evaluation” below), your appointment is for a complete allergy evaluation and allergy skin tests. If you do not want allergy tests, please notify us at least 48 hours before your scheduled appointment.

Follow up visits, check-ups, and review appointments also must be done by appointment. We do not require that all patients be directly referred by a physician. However, we recommend that each of our patients has a personal physician for any non-allergy problems that may arise. We will send a report to your physician after your evaluation and will want to work closely with your physician regarding your care.

Due to the time required for new patient appointments and because we have a long waiting list for new patients, please contact us as soon as you are aware you cannot come for your appointment. We will be unable to reschedule your appointment under the following circumstances;

If a new patient appointment is cancelled within one week of the appointment and rescheduled two times.

If a new patient does not honor an appointment on two occasions, the appointment will not be rescheduled.

### **Your Allergy Evaluation**

Some allergy problems are relatively simple while others are very complex. Therefore, the extent of your allergy evaluation will vary depending on your problem. You need to plan to be in the Allergy Clinic for **two to three hours**, and patients with morning appointments may need to return in the afternoon to complete the evaluation. We will try to finish your allergy study in one day, but depending on the nature of the problem and your symptoms, this may not always be possible. Additional skin tests may need to be done at a separate visit and will include a meeting with the physician for an examination and a progress update.

Your workup will begin with a detailed history of allergy symptoms, general medical history, family history, and physical examination. The second part is allergy testing and possibly other laboratory tests.

If asthma is a part of your diagnosis, then further diagnostic testing may be done. This could include, pulmonary function testing, and chest X-rays. Information concerning asthma triggers, asthma attacks, exercise-induced asthma, inhaler use, and asthma medications will also be provided and explained.

The final conference completes your workup. At that time, you will be given the results of all tests and specific recommendations for treatment. A written report will be sent to your referring physician.

## **Allergy Tests**

Allergy tests are done by the new Multi-Test method on the back. The Multi-Test is a technique of applying eight tests at once with minimal discomfort. Intradermal tests are administered by injecting a small amount of the allergy extract into the skin. We have available the blood test for allergy (RAST test), but since it is less effective than the conventional skin test and all allergens are not available for RAST tests, we have not found it to be as helpful. The expense of the RAST test is another limiting factor. Because the testing is done on the back and upper arm, ladies and children may want to wear a two-piece outfit.

## **If the patient is a child**

The person accompanying the child should be the individual most familiar with the details of the allergy problem and the past history. **IT IS HIGHLY RECOMMENDED THAT OTHER CHILDREN NOT BE BROUGHT TO THE CLINIC ON THE DAY OF THE ALLERGY EVALUATION.** The full attention of the parent is needed to keep a small child occupied during the testing session. We usually explain to the child that the scratch tests on the back are done to help find the cause of the allergy. When preparing children for these tests, please be honest. Most children react more positively if they are prepared for the procedure. To add further reassurance, a parent may have a sample test done. Tests may cause mild itching. If two children are to be evaluated on the same day, an adult should accompany each child. We recommend that the parent of teenage patients be available after the evaluation to discuss the findings and recommendations.

## **Allergy injections**

Many patients benefit from allergy injections, however, they are not recommended for everyone. The pros and cons of receiving injections should be discussed in detail with your physician as well as your family before making the final commitment.

If you should decide to begin injections, you may receive them in our office. Under certain circumstances, if it is more convenient, or because of insurance purposes, you may receive them at your primary physician's office. Injections must be given under the direct supervision of a physician—injections are not to be given in the home.

## **Health Insurance**

We participate in many health plans, HMOs, and PPOs. Some plans require that you have a referral from your primary care physician. We cannot obtain this referral for you. If there is any question regarding our participation in your health plan, or whether or not a referral is needed, please contact your insurance company several weeks prior to your scheduled appointment. Please contact your insurance company prior to your visit to make sure you are aware of your coverage for allergy testing and diagnostic procedures. It is your responsibility to be aware of your health insurance coverage for any visits, tests, challenges, studies, or procedures the doctor determines appropriate.

## **Outside of Office Hours**

Your pediatrician or family physician is your primary medical doctor and should be contacted if you have problems or questions after hours. **Our office is closed Fridays. If you have questions during that time, your call will not be returned until the following week. For urgent matters, call 911 or your primary medical doctor.** Prescription requests and routine follow up reports should be made during office hours when your chart is available.

### **Telephone Calls**

In order to devote proper attention to each patient's allergy evaluation, we prefer not to interrupt appointments with routine phone calls. When leaving a message, please include all necessary information concerning the reason for your call and numbers where you can be reached. Calls will be returned after morning or afternoon appointments, or between appointments if possible. **We request that phone calls be made as early in the day as possible, allowing our staff ample time to discuss your concerns with the doctor and relay any recommendations back to you.** All advice given is recorded on your chart and reviewed by your allergist. At your physician's discretion, a charge may be made for telephone advice. Because we are busy during the day with patient appointments, we may not be able to answer your call immediately. **If your call is an emergency, call 911.**

### **Prescription Refills**

Refills on prescriptions are authorized only during office hours when your chart is available to make certain the refill is appropriate. Prescriptions are not refilled unless you are being actively followed for an allergy condition. If you have not been seen in the past 12 months, please make an office visit appointment to review your situation before requesting any prescription refills. Refills can be given by your family physician or pediatrician. Please call at least 24-48 hours before a refill is needed. Have available the name of the drug, quantity, directions, and telephone number of the pharmacy. You should confirm with your pharmacist that the prescription has been authorized before going to the drug store. Additionally, your pharmacy may contact us via fax with prescription refill requests. Please check your medication prior to any appointments, as we will give any prescriptions needed at these appointments. It is very important to let us know of any special instructions (i.e., prescription plans, 3 month supply, etc.) before we refill your medications.

### **Call in Information**

It is a pleasure to have become a part of the "team" involved in your (your child's) allergy care. The team consists of you, your primary care physician (Pediatrician, Family Physician, Internist, etc) and our office. It is important that each of our patients have a primary care physician. As with any team, each component plays an important role. We send letters to your physician outlining our diagnostic testing results as well as treatment suggestions which include a "step by step" outline of "what to do" if your allergy or asthma symptoms worsen. We suggest that you discuss these recommendations with your primary care physician during sick visits or during regularly scheduled checkups.

It is important that you know whom to contact for health problems. Generally fever, sore throats, headaches, "flu like" illnesses, nausea and vomiting, diarrhea, ear aches and nasal congestion of short duration should be discussed with your family physician. As with any illness, if you (your child's) asthma flares, early use of your asthma medications should help alleviate symptoms.

During office hours, we are available to speak with you regarding allergy or asthma symptoms if needed. After hours, contact your primary care physician. Significant coughing, shortness of breath, and chest tightness probably indicate worsening asthma and an early call to our office will help alleviate these symptoms. When calling, please be ready to list the medication schedules and dosages you (your child) are (is) taking, the kind of symptoms, their duration, presence of fever and other treatments tried. We may refer you at that time to your primary care physician.



**Vivek Agarwal, M.D**  
**Gretchen Ta, FNP-BC**

2011 NW Myhre Road, Silverdale, WA 98383 (360) 830-1706

Please call early in the day (before 11:00 am) and one of our nurses will talk with you. It may be necessary for one of them to call you back. Please let us know the phone number at which you may be reached that day, and keep your phone line open if possible. If appropriate, an office visit will be scheduled. We try to handle as many asthma flare and allergy flares as possible over the phone. We will try to provide you with all the “tools” necessary to treat increased symptoms at home or at your regular office visits. Asthma and allergies are chronic problems and most episodes can be treated at home or at your regular office visits. It should be remembered that coughing and nasal congestion are early signs of asthma for many persons and early treatment at home will prevent worsening.



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Date: \_\_\_\_\_

How did you hear about us?

Patient Name: \_\_\_\_\_

Internet

Physician Referral

Date of Birth: \_\_\_\_\_

Friend

Advertisement

Age: \_\_\_\_\_

Other

Pharmacy: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Reason for visit to allergy clinic: \_\_\_\_\_

**Allergy Problems:** \_\_\_\_\_

List your triggers: \_\_\_\_\_

Medications you have tried: \_\_\_\_\_

Prior Immunotherapy: \_\_\_\_\_

**Asthma Problems:** \_\_\_\_\_

List your triggers: \_\_\_\_\_

Medications tried: \_\_\_\_\_

**Rash Problems:** \_\_\_\_\_



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Current Medications:

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Drug/Medication Allergies:

Reaction

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Food Allergies:

Reaction

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Sting Insects: Yes / No

If so, reaction to insect stings? (Local, hives, wheezing, passing out)

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Are you allergic to Latex?

Yes / No

Reaction \_\_\_\_\_

**Systemic Review: (Circle all that apply)**

General	Nose	Endocrine	Musculoskeletal
<ul style="list-style-type: none"> <li>Weight: Gain/Loss</li> <li>Tired all the time</li> <li>Fever, Chills</li> <li>Easy Bruising or bleeding tendency</li> </ul>	<ul style="list-style-type: none"> <li>Frequent colds</li> <li>Sniffling, discharge (clear, discolored, thin, thick, constant, seasonal)</li> <li>Itching, rubbing, Sneezing</li> <li>Stuffiness, snoring (constant, seasonal)</li> <li>Bleeding</li> <li>Change in smell</li> </ul>	<ul style="list-style-type: none"> <li>Excessive sweating</li> <li>Excessive thirst</li> <li>Tendency to be too hot or too cold</li> </ul>	<ul style="list-style-type: none"> <li>Weakness, leg cramps</li> <li>Joints, (pain, swelling, redness, stiffness)</li> <li>Osteoporosis</li> <li>Varicose veins or blood clots</li> </ul>
Skin	Throat	Respiratory	Gastrointestinal
<ul style="list-style-type: none"> <li>Rash (elbows, wrist, face, hands, feet, trunk, other)</li> <li>Hives, soap rash, contact rash</li> <li>Insect bite reaction (local, generalized)</li> <li>Dryness, itching</li> </ul>	<ul style="list-style-type: none"> <li>Bleeding, sore, itch</li> <li>Clearing throat, hoarseness</li> <li>Bad breath, bad taste, change in taste</li> <li>Trouble swallowing</li> <li>Postnasal drip (clear, white, discolored)</li> </ul>	<ul style="list-style-type: none"> <li>Wheeze, shortness of breath (with rest, with activity)</li> <li>Chest tightness</li> <li>Cough (day, night, with exercise, with laughing, crying, wet, dry)</li> <li>Do you cough up blood? (Y, N)</li> </ul>	<ul style="list-style-type: none"> <li>Appetite (poor, fair, good)</li> <li>Nausea, vomiting (occasional, frequent, with cough)</li> <li>Diarrhea, constipation, gas</li> <li>Pain, cramps</li> <li>Heartburn, acid reflux</li> <li>Excessive belching</li> <li>Stool (blood, mucous, worms)</li> <li>Trouble swallowing</li> </ul>
Head	Ears	Neurologic	Urinary
<ul style="list-style-type: none"> <li>Headache (above the eyes, all over)</li> <li>Head injury</li> </ul>	<ul style="list-style-type: none"> <li>Pain, discharge</li> <li>Itching, popping</li> <li>Infections, hearing loss</li> </ul>	<ul style="list-style-type: none"> <li>Dizziness, fainting, weakness</li> <li>Depression, anxiety</li> </ul>	<ul style="list-style-type: none"> <li>Bloody or dark urine</li> <li>Poor control when coughing or sneezing</li> <li>Pain, itch</li> <li>Frequent urination</li> </ul>
Eyes		Cardiovascular	
<ul style="list-style-type: none"> <li>Strain, change in vision</li> <li>Redness, puffiness, discharge</li> <li>Itching, rubbing</li> <li>Glasses, contact lenses</li> </ul>		<ul style="list-style-type: none"> <li>Chest pain or pressure</li> <li>Murmur, palpitation</li> <li>High blood pressure</li> </ul>	

**Past Medical History: (Circle all that apply)**

Cancer      Diabetes      Seizure Disorder      Depression      Anxiety ADD/ADHD      COPD

Glaucoma      Cataracts      Hepatitis      Migraine Headache      Headaches      Rash/Hives

Eczema      Angioedema      Asthma      Hay Fever      Other: \_\_\_\_\_

**Past Surgical History: (Circle all that apply)**

Sinus Surgery      Tonsils      Adenoids      Ear tubes      Chest      Other \_\_\_\_\_





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**Social History:**

Do you smoke tobacco? (Yes, No) Packs per day? \_\_\_\_\_ How many years? \_\_\_\_\_ Do you smoke inside?  
\_\_\_\_\_

Do you smoke marijuana? (Yes, No) How often? \_\_\_\_\_ How many years? \_\_\_\_\_ Do you smoke inside?  
\_\_\_\_\_

If no, have you ever smoked? (Yes, No) Packs per day? \_\_\_\_\_ How many years? \_\_\_\_\_

How long ago did you quit smoking? \_\_\_\_\_ (months, years)

Exposure to second hand smoke? \_\_\_\_\_ if yes, is exposure to second hand smoke inside or outside?  
\_\_\_\_\_

Do you drink alcohol? (Yes, No)  
\_\_\_\_\_

Do you use illegal drugs? (Confidential) (Yes, No) \_\_\_\_\_

Job Title? \_\_\_\_\_ Symptoms at work: Better/ same/ worse/

Hobbies:  
\_\_\_\_\_

Women only: Are you pregnant or planning pregnancy? (Yes, No) Due date: \_\_\_\_\_

Are you actively breastfeeding? (Yes, No)

**Family History:**

Disease	Father	Mother	Brother	Sister	Son	Daughter
Asthma						
Eczema						
Food Allergy						
Hay Fever						
Hives						
Drug Allergy						
Cystic Fibrosis						
Immunodeficiency						
Infant Death						
Many Infections						
Frequent Miscarriages						
Other						

**Immunizations:**

Childhood immunization completed (Yes, No) –Please bring all immunization records

Last flu shot \_\_\_\_\_ Last pneumovax \_\_\_\_\_

**Allergy Survey:**

**Living accommodations:** (Circle all that apply)

House, Apartment, Mobile Home , Town House, Other \_\_\_\_\_

Age of building \_\_\_\_\_

Location (city, suburb, country, on farm)

Present address for \_\_\_\_\_ years

Basement, finished, carpet, damp, dry, dirt

Recent painting or repair (yes) (no)

Water Damage, (Yes, No) Repair? Date repaired \_\_\_\_\_

Heating system: Forced air, space heat, hot water, wood burn, Natural Gas, Propane, Electric, Oil

Flooring: Wood, carpet (wool, synthetic, other), tile, vinyl

Moist, Damp, Very damp

Window treatment (blinds, shades, drapes)

Air conditioning: central, window unit

Humidifier, Dehumidifier

**Bedroom:**

Mattress (regular, rubber, waterbed futon)

Dust Mite Encasement on mattress and box spring (Yes, No)

Box Spring Cover (cotton, allergy proof)

Pillows (polyester, feather, foam other \_\_\_\_\_)

Dust mite encasement on pillows (Yes, No)

Floor: Carpet, Wood, Vinyl, Tile)

Other items in bedroom (upholstered furniture, Stuffed Animals)

**Pets: (How many)** \_\_\_\_\_ Cat(s), \_\_\_\_\_ Dog(s), \_\_\_\_\_ Horse(s), \_\_\_\_\_ Rodent, \_\_\_\_\_ Birds

Are pets indoors or outdoors? (Yes, No)

Sleep in bedroom or on bed? (Yes, No)