

The Allergy and Asthma Center, P.C.

David Mangold, PA-C
Agnieszka Danielewicz, PA-C

95 INDIAN TRAIL ROAD
KALISPELL MT 59901
406-300-4882

WELCOME!

We look forward to providing your care. Before your first appointment, please read and familiarize yourself with AAC's office policies below.

PAPERWORK

Please complete the enclosed registration and questionnaire. Please take the time to fill out these forms completely and accurately. **All paperwork must be completed PRIOR to your scheduled appointment time.** Please be aware that if your paperwork is not completed when you arrive for your appointment, you may be rescheduled. Please also bring your completed paperwork, insurance card, and any required copayment to your appointment, if applicable.

ALLERGY TESTING

If you are scheduled to have allergy testing completed at your appointment, **please review the medications list on the reverse of this letter and STOP medications,** as appropriate. If you have any concerns about discontinuing any of your medications, please contact our office immediately.

APPOINTMENT

Your appointment is scheduled for _____ at _____

Please arrive 10 minutes prior to your scheduled appointment time to check in.
in Kalispell with David Mangold, PA-C. or Agnieszka Danielewicz PA-C

CANCELLATION POLICY

Should you need to cancel your appointment, we require 24 hours notice. We understand that emergencies do occur, but habitual same day cancellations will have a \$50.00 charge assessed to your account. Please honor your appointments as best you can to avoid being charged this fee.

We look forward to meeting with you soon!

Thank you,

The Allergy and Asthma Center Staff

Medications Patients Must Stop Using Before Initial Visit or Skin Testing

48 HOURS

- Tagamet (cimetidine)
- Zantac (ranitidine)
- Pepcid (famotidine)
- Axid (nizatidine)
- Benedryl (diphenhydramine)
- Tylenol PM
- Phenergan (promethazine)
- Motion sickness medications
- Topical steroid creams on testing sites (back and arms)

ONE WEEK

- Any over the counter antihistamine medications
- Allegra (fexofenadine)
- Zyrtec (cetirizine)
- Xyzal (levocetirizine)
- Claritin (loratadine)
- Clarinex (desloratadine)
- Alavert (loratadine)
- Atarax (hydroxyzine)
- Astelin / Astepro (azelastine) – nasal spray
- Patanase (olopatadine) – nasal spray
- Zatidor / Alaway (ketotifen) – eye drops
- Patanol / Pataday (olopatadine) – eye drops
- Optivar (azelastine) – eye drops
- Livostin (levocabastine) – eye drops
- Elestat (epinastine) – eye drops

TWO WEEKS

All of these are a specific class of antidepressant, any other antidepressants are okay
THESE MEDICATIONS SHOULD NOT BE STOPPED UNLESS YOU CONSULT WITH YOUR DOCTOR.

- Tofranil (imipramine)
- Anafranil (clomipramine)
- Aventyl, Pamelor (nortriptyline)
- Elavil, Endep (amitriptyline)
- Norpramin (desipramine)
- Sinequan (doxepin)
- Surmontil (trimipramine)
- Vivactil (protriptyline)
- Luvox (fluvoxamine)
- Remeron (mirtazapine)

If you are reluctant to stop your medication we can still see you, but it may require a second visit for testing.

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The Allergy and Asthma Center, PC
Patient Questionnaire

Patient Name _____ Birth Date _____

Referring Physician _____ Date Questionnaire Completed _____

CURRENT MEDICAL HISTORY

1. What are the primary medical complaints today:

In the past year these problems are _____ worse _____ unchanged _____ better

2. List current medications (include dose and frequency):

3. Do you have any medication allergies? _____

If yes, list medication(s) and reaction: _____

PAST MEDICAL HISTORY

1. Significant childhood illnesses: _____

2. Other Medical Problems: (Diabetes, Heart Disease, Kidney Disease, High Blood Pressure, Arthritis, Cancer, etc.)

3. Surgeries? _____ If yes, specify and give year: _____

4. Hospitalizations? _____ If yes, specify and give year: _____

5. *As an infant* did patient have: Colic _____ Eczema _____ Many formula changes _____

Constant runny nose _____ Breathing problems _____ Any adverse reactions to immunizations _____

6. Has patient ever had any of the following tests? Indicate year and place done:

Chest X-Ray? _____ Sweat Test? _____ Breathing Tests? _____

Sinus X-Rays or CT scan? _____ Cardiac tests (EKG, echo, stress test) _____

PERSONAL HISTORY

1. Is patient in school? _____ Grade? _____
2. Number of school or work days missed due to illness? _____
3. Has the patient ever smoked cigarettes? _____ Age patient began smoking cigarettes regularly? _____
How many packs a day did the patient smoke? _____ Does patient currently smoke? _____
How old was patient when they quit? _____
4. Does patient drink alcohol regularly? _____
5. Does patient use any illegal drugs? _____
6. What has been the usual occupation or job for the patient? _____
7. Has the patient ever worked in any dusty or hazardous job? _____
Specify which job, total years of work, and amount of exposure. _____

8. Has the patient ever been exposed to gas or chemical fumes at work? _____
9. Specify which job, total years of work, and amount of exposure. _____

10. List patient's hobbies? _____

FAMILY HISTORY

1. Mother: Age if living _____ Age at death _____ cause of death _____
Father: Age if living _____ Age at death _____ cause of death _____
2. Does patient have any children? _____ If yes, list ages and any medical problems _____
3. Does patient have any siblings? _____ If yes, list ages and any medical problems _____

4. Please identify if parents (F/M), brother (B), sister (S), children (CH), grandparents (GF/GM) have any of the conditions listed below:

Asthma _____	Chronic Bronchitis _____	Hayfever _____
Sinus Trouble _____	Skin Allergy _____	COPD _____
Hives (welts) _____	Cystic Fibrosis _____	Emphysema _____
Autoimmune Disease _____	Repeated Infections _____	High Blood Pressure _____
Heart Disease _____	Arthritis _____	Other _____

ALLERGY HISTORY

1. Check any of the following symptoms that patient had or now has.

Nose and Throat

Frequent Colds
 Chronic Congestion
 Chronic Nasal Discharge
 Chronic Sniffing
 Frequent Sneezing
 Frequent Rubbing/Itching
 Frequent Sore Throats
 Polyps
 Sinus Problems
 Headaches
 Post Nasal Drip
 Throat Clearing
 Snoring

Chest

Chronic Cough
 Shortness of Breath
 Wheezing
 Wheezing Attacks
 Tightness in Chest
 Exercise Intolerance
 Exercise Induced Wheezing
 Exercise Induced Cough
 Sputum or Phlegm
 Pneumonia
 Bronchitis
 Frequent Croup

Skin

Eczema
 Hives (welts)
 Dryness
 Frequent Rashes

Miscellaneous

Reaction to Insect Bites
 Reaction to Insect Stings

Eyes

Constant Circles
 Redness
 Itching/Rubbing
 Swelling

Ears

Congestion
 Frequent Infections
 Fluid
 Ear Tubes
 Hearing Loss
 Speech Problems

2. Has patient ever had allergy tests? _____ When? _____ Findings? _____
3. Has patient ever had allergy shots? _____ If yes, did they help? _____
4. Does patient have any problems eating certain foods? _____
 If yes, specify foods and describe symptoms: _____

5. Check any of the following medicines or types of medicines you have used to treat your problem (s):

- _____ Antihistamines (Allegra, Xyzal, Zyrtec, Claritin, Chlortrimeton, Benadryl, etc.)
- _____ Nasal Sprays (Afrin, Astelin, Astepro, Patanase, Nasonex, Flonase, fluticasone, Nasacort, Rhinocort, Veramyst, etc.)
- _____ Breathing Treatments or Nebulizers
- _____ Oral or Injectable Steroids (Prednisone, Medrol, Cortisone, Kenalog, etc)
- _____ Inhalers, specify _____
- _____ Creams (triamcinolone, cortisone, Protopic, Elidel, etc.) _____
- _____ Other Medications (Singulair, Xolair, theophylline, etc.) _____

ENVIRONMENTAL HISTORY

1. What type of dwelling does patient live in? House _____ Apartment _____ Trailer _____
2. How old is the dwelling? _____ How many years lived there? _____
3. Is there any free standing water nearby? _____
4. Check those things listed below that apply to your home:

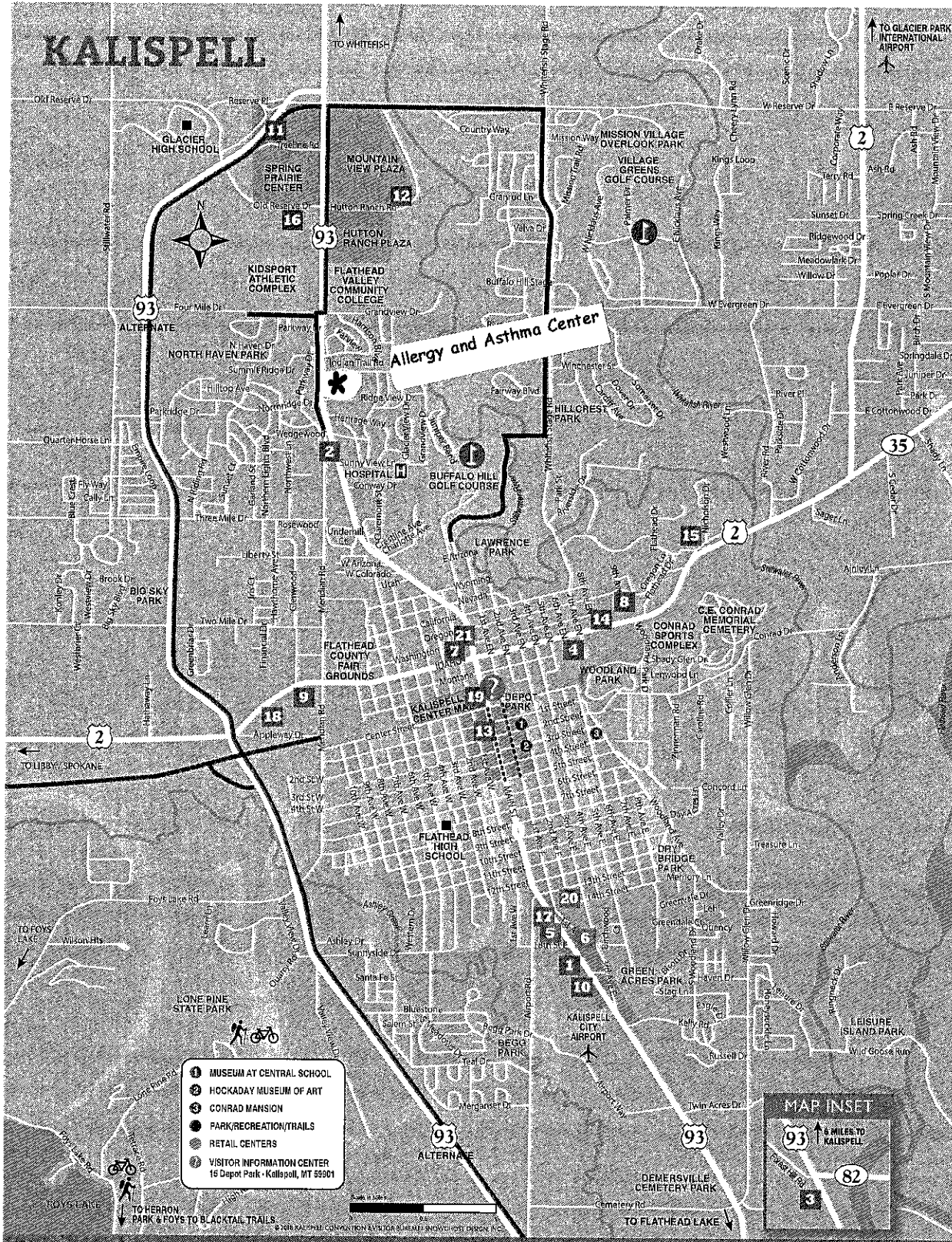
- | | | |
|------------------------------|--|--------------------------|
| _____ Dehumidifier | _____ Central Air Conditioning/heat | _____ Air Purifier |
| _____ Humidifier | _____ Pet (s), Specify _____ | _____ Problems with Mice |
| _____ Visible mold or mildew | _____ Does anyone you live with smoke? (Even if they smoke outdoors) | |
| _____ Home on a dirt road | _____ Do you live on a ranch | _____ Woodstove |

5. Check any of the following that are in the patient bedroom:

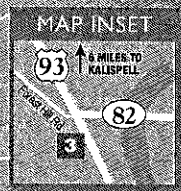
- | | | | |
|------------------------------|--------------------------------|--------------------|----------------|
| _____ Plastic mattress cover | _____ Plastic box spring cover | _____ Stuffed toys | _____ Curtains |
| _____ Carpeting | _____ Feather Pillow | _____ Pets Allowed | _____ Books |
| _____ Air Conditioning | _____ Air Vent | | |

Additional notes or concerns:

KALISPELL



- 1 MUSEUM AT CENTRAL SCHOOL
- 2 HOCKADAY MUSEUM OF ART
- 3 CONRAD MANSION
- 4 PARK/RECREATION/TRAILS
- 5 RETAIL CENTERS
- 6 VISITOR INFORMATION CENTER
16 Depot Park • Kalispell, MT 59901



- | | | | |
|--|---|--|---|
| <p>1 Aero Inn
aeroinn.com
406-755-3798</p> <p>2 America's Best Value Inn
abvkalispell.com
406-756-3222</p> <p>3 Best Western Plus Flathead Lake Inn & Suites
bestwesternflatheadlake.com
406-857-2400</p> <p>4 Blue & White Motel
blueandwhitemotel.com
406-755-4311</p> <p>5 Econo Lodge
choicehotels.com/montana/kalispell
406-752-3467</p> | <p>6 Fairbridge Inn & Suites
fairbridgekalispell.com
406-755-6100</p> <p>7 Glacier Ridge Suites
glacieridgesuites.com
406-752-4333</p> <p>8 Greenwood Village Inn & Suites
greenwoodvillageinn.com
406-257-7719</p> <p>9 Hampton Inn
kalispell.hamptoninn.com
406-755-7900</p> <p>10 Hilton Garden Inn
kalispell.stayhi.com
406-756-4500</p> | <p>11 Holiday Inn Express
kalispellhie.com
406-755-7405</p> <p>12 Homewood Suites
kalispell.homewoodsuites.com
406-755-8080</p> <p>13 Kalispell Grand Hotel
kalispellgrand.com
406-755-8100</p> <p>14 Kalispell Hilltop Inn
kalispellhilltopinn.com
406-755-4455</p> <p>15 LaQuinta Inn & Suites
laquintakalispell.com
406-257-5255</p> <p>16 Marriott Springhill Suites
marriott.com
406-314-6600</p> | <p>17 Motel 6
motel6.com
406-952-3206</p> <p>18 Quality Inn
choicehotels.com/montana/kalispell
406-755-6700</p> <p>19 Red Lion Hotel: Kalispell
redlion.com/kalispell
406-751-5050</p> <p>20 Super 8
super8kalispell.com
406-755-1888</p> <p>21 Travelodge
travelodge.com/Kalispell
406-755-6123</p> |
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