

Dermatology and Allergy Specialists of Olympia, PLLC  
703 Lilly Rd. NE, Suite 103 • Olympia, WA 98506 Phone: (360) 413-8760/8265 Fax: (360) 413-8839  
SUKANYA KANTHAWATANA, M.D., PhD.

## ALLERGY AND IMMUNOLOGY NEW PATIENT INFORMATION SHEET

The following information is provided to assist you in dealing with our office. If you have questions that are not answered below, you may contact us at (360) 413-8265.

1). HOURS OF OPERATION: the office will be open:

Monday: Dr. Kanthawatana 8:15am – 4:00pm  
**Tuesday:** Dr. Kanthawatana 8:15am – 4:00pm **Allergy shots: 8:30am – 5:00pm (unless noted)**  
Wednesday: CLINIC CLOSED.  
**Thursday:** Dr. Kanthawatana 8:45am – 4:00pm **Allergy shots: 9:00am – 5:00pm (unless noted)**  
**Friday:** Dr. Kanthawatana 8:15am – 4:00pm **Allergy shots: 8:30am – 3:30pm (unless noted)**

NOTE: A schedule for allergy shot hours for each month can be obtained at our check-in desk.

2). OFFICE VISITS: The initial visit is usually much longer than follow-up visits. Expect to spend at least one hour in the office at the time of your initial visit. If allergy testing is done, then the initial visit may last as long as **3 hours**. Follow-up visits are usually much shorter, typically 20 minutes. Please bring any x-rays and CT scans involving the nasal area (i.e. limited coronal CT, four view CT of sinuses, etc.) **Please refrain from wearing perfume/cologne when visiting our office; a number of our allergy patients are very sensitive to perfume/cologne.**

FOR THE PARENTS OF A CHILD PATIENT: Please do not make comments in front of the child, which may reinforce negative behavior. A typical example would be “Johnny hates to have his ears examined.” **If at all possible, leave all children, other than the one who is the patient, at home.** In our office, we will discuss with you and your child regarding any testing procedures and/or treatment that may be used during your visit.

4). You may continue to take your other medications (for example: nasal sprays such as Flonase, Rhinocort, Nasonex, Nasalcrom, etc. Patients with asthma may continue Flovent, Pulmicort, Singular or other inhaled corticosteroids. If your asthma symptoms are stable without bronchodilator, hold off Albuterol, Serevent, Foradil, Symbicort, and Advair at least 12 hours before visit. Please do not stop your inhaler if you are currently having asthma symptoms.

5). ALLERGY TESTING: At the time of your initial visit, the doctor may recommend allergy testing. The number of tests performed may vary. Extracts from various allergens will be applied usually to your back, depending on your history. If a red bump appears, then you are allergic to that substance. Please inform us if you will not be able to lie face down (on your stomach). Sometimes the doctor may want to perform a few additional tests, called intradermal, on your arms. The allergic substance is injected with a small needle similar to a tuberculosis skin test. The results are ready 10-15 minutes after the pinprick or intradermal tests are applied. The results will be discussed with you and the doctor will make treatment recommendations. For children under the age of 10, procedures different than described above are often necessary. **Allergy skin testing need not be done during the first visit depending on your medical conditions and/or medications. Please do not stop taking medications you are taking for symptoms of hives and/or swelling.**

THESE ARE LISTS OF SKIN TESTS OFFERED IN OUR OFFICE

**Environmental Allergy Test:** Pollens, animal dander, feathers, cockroach, dust mites and molds..  
Whole panel for adult: Prick Method ~Estimated cost \$ 400  
Intradermal method ~ Estimated cost between \$250 - \$380

**Food Allergy Test:** Estimated cost ~ up to \$900

**Venom Tests:** Honey bee, wasp, yellow jacket, yellow hornet, and white faced hornet. Estimated cost between \$300-\$1200.

**Penicillin Skin Test:** Cost is based on how many test are done~\$180-\$450

6). ALLERGY MEDICATION: Before your skin testing can be done, antihistamine medications need to be withheld at least 7-10 days. Some common antihistamines are listed below.

A.R.M.	Codimal	FEZ tablets	Rynatan
Actifed	Comhist	Hispril Spansule	Scot – Tussin
Afrinol	Comtrex	Histaspan	Sinulin
Alka Selzer Plus	Contac	Hydroxyzine	Sinequan
Allegra/Allegra D	Cyproheptadine	Isoclor	Sinarest
Allerest	Deconamine	Kronofed–A	Tacaryl
Ambenyl	Demazin	Loratadine	Tavist
Atarax	Dimetane	Nolahist	Teldrin
Atrohist	Dimetapp	Novahistine	Temaril
Benadryl	Diphenhydramine	Optimine	Thorazine
Bromfed	Doxepin	Percogesic	Trinalin
Brompheniramine	Drixoral	Periactin	Triaminic
Chlor-Trimetron	Effexor	Phenergan	Tagamet
Chlorpheniramine	4-way cold tablets	Polaramine	Tylenol PM
Claritin/Claritin D	Famotidine	Pepcid	Vistaril
Cimetidine	Fedahist	Ru – Tuss	Zantac
Clarinx	Fedraxil	Ranitidine	Zyrtec/Zyrtec D
Coricidin	Fexofenadine	Rondec	

**Recent administration of systemic steroids such as oral prednisone (within 1 month) may also interfere with skin testing.**

Topical antihistamines such as Elestat, Optivar, Patanol, and Zaditor eye drops, and Astelin nasal spray, etc., may also interfere with skin testing. Please stop these medications 3 days before skin testing.

Some other medications may also interfere with skin testing, for example, **antidepressants (especially Amitriptyline, Nortriptyline, and Doxepin.)** Other antidepressants have relatively lower effects on skin testing. These include Adaptin, Buspar, Elavil, Prozac, Sinequan, Surmontil, Serazone, Tofranil, Xanax, Zoloft, Celexa, etc. **These medications should NOT be stopped unless you have discussed this matter with your primary care physician.**

If you are unsure whether the medication you are taking is an antihistamine you may call our office for advice from our allergy nurse at (360) 413-8660.

Prescription refills may be requested during the office hours or you may request your pharmacy to fax a refill request to our office. If you need help with allergy related problems when the office is open, please feel free to call. **Please call 911 or go directly to an Emergency Department if you are having acute severe allergic reactions or asthma exacerbations.**

**We strongly encourage you to establish care with a general practitioner if you do not have a primary care physician.** If the office is closed and you cannot reach Dr. Kanthawatana or your primary care physician, or you do not have a primary care physician, then your option is to be seen at a walk-in clinic (for example: Pacific Walk-In or West Care Clinic), or one of the Hospital Emergency Departments.

Revised 2/13/14

**ALLERGY & IMMUNOLOGY NEW PATIENT FORM**  
Dermatology and Allergy Specialists of Olympia, PLLC

DATE: \_\_\_\_\_  
Name: \_\_\_\_\_ SEX: M F  
Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

**Reason for Today's visit** \_\_\_\_\_  
\_\_\_\_\_  
Primary Care M.D. \_\_\_\_\_  
Referring M.D.: \_\_\_\_\_

**Please check allergy symptoms that apply to you:**

- Nasal congestion/stuffiness  runny nose
- Sneezing  nose bleed  Nose itching
- Post-nasal drip/drainage
- Snoring or breathing through the mouth
- Frequent yellow or green nasal discharge
- Headache
- Itchy or watery eye  Puffiness  Tearing
- Chronic cough  Bronchitis/pneumonia
- Wheezing, shortness of breath, chest tightness
- Shortness of breath with exercise
- Diagnosis of asthma made \_\_\_\_\_ yrs ago  
Number of hospitalizations for asthma \_\_\_\_\_  
Last hospitalization for asthma \_\_\_\_\_  
Number of emergency visits for asthma \_\_\_\_\_  
Last asthma exacerbation \_\_\_\_\_  
Days of school/work missed last year \_\_\_\_\_
- Possible reaction to food  
Described \_\_\_\_\_
- Insect sting reaction  
Described \_\_\_\_\_
- Rashes  Itchy skin  Contact dermatitis
- Hives How long? \_\_\_\_\_  Lips/throat swelling
- Eczema How long? \_\_\_\_\_
- Frequent infections:  Sinusitis  Pneumonia
- Frequent ear infection  P.E. tube  Ear Pain
- Hearing Loss
- Previous skin test  No  Yes (Year.....)
- .....
- Transfer allergy care from Dr. \_\_\_\_\_  
Continue allergy shots started \_\_\_\_\_ yrs ago.
- Others (explain) \_\_\_\_\_  
\_\_\_\_\_

**Exacerbating factors:**

- Travel  Foods  Temperature change
- Dust  Exercise  Irritant fumes or odors
- Stress  Animals  Drugs: aspirin, .....
- Infection

These symptoms occur:  All the time  
 Spring  Summer  Fall  Winter

Worse  Outdoor  Work  School  
 Morning  Night  All day

**CURRENT MEDICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST MEDICAL HISTORY:**

Age or Year  
Hospitalizations: \_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
Surgeries: \_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
**Drug Allergies:** \_\_\_\_\_ Reaction \_\_\_\_\_  
\_\_\_\_\_ Reaction \_\_\_\_\_  
\_\_\_\_\_ Reaction \_\_\_\_\_  
\_\_\_\_\_ Reaction \_\_\_\_\_

Immunizations: Up to date  Yes  No

**Do you have or have you ever had problems with:** (circle and explain below if necessary))

General health	Eye problem	High blood pressure
Glaucoma	Ear/hearing	Heart murmur/valve
Heart attack	Chest pain	Irregular heart beat
Emphysema	Tuberculosis	Stomach problems
Reflux (GERD)	Hepatitis/Liver	Inflame Bowel Disease
Kidney	Bladder	Prostate
Arthritis	Muscle	Skin problems
Neurologic	Fainting	Seizure/convulsion
Anxiety	Depression	Mental disorder
Diabetes	Thyroid	Hormonal problems
Anemia	Bleeding	Blood clot/Phlebitis
Immune system	Organ transplant	Hypercholesterol
HIV/AIDS	Cancer/Lymphoma/Leukemia	

**Female:** Are you pregnant? YES NO  
Do you plan to become pregnant? YES NO

**FAMILY HISTORY:** Drug/food allergy.....

Hay Fever	Asthma	Eczema	Hives
Angioedema	Cystic fibrosis	Insect sting reaction	
Collagen disease	Thyroid disease	Arthritis	TB

**ENVIRONMENT:** Occupation: .....

House	Apartment	Trailer	Forced air heat/cool
Indoor pets (cat, dog, .....	Feather/down bedding		
Indoor plants	Basement	Cigarette smoking	
Humidifier	Fan	Carpets	Alcohol.....

**PATIENT SIGNATURE:** .....

Date: .....

Completed by: .....Patient .....Allergy nurse

Reviewed:..... M.D.

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# Dermatology & Allergy Specialists of Olympia

Main Office: 304 West Bay Dr NW, Suite 301, Olympia, WA 98502 Voice:(360) 413-8760 Fax: (360) 413-8839  
Allergy Office: 703 Lilly Road NE, Suite 103, Olympia, WA 98506 Voice: (360) 413-8265 Fax: (360) 413-8868

## Notice of Privacy Practices Acknowledgement

Due to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, we must have your written acknowledgement of having had an opportunity to receive and review a copy of our Notice of Privacy Practices.

I, \_\_\_\_\_ acknowledge the opportunity to review and receive  
(PRINT PATIENT NAME HERE)

Dermatology and Allergy Specialists of Olympia, PLLC. Notice of Privacy Practices.

### OFFICE USE ONLY:

Patient refuses, or is unable to acknowledge receipt of the Notice of Privacy Practices.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Disclosures to Family and Friends and Clinical Information Calls

Under normal circumstances we would share some of your private health information (PHI) with some of your family members. Please read and complete both of the following:

1. I agree that this office may disclose my private health information to only the following individuals that are my **family members or friends (PLEASE PRINT)**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_  ALL INFORMATION  FOR EMERGENCY ONLY

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_  ALL INFORMATION  FOR EMERGENCY ONLY

**OR:**

I do not want my private health information disclosed to any individual asking about me, regardless of whether or not they may be a family member or friend.

2. How would you like us to communicate with you regarding clinical information (such as test results and treatment plans)? Following your visit may we call and leave a message on the following:

Home Phone ( ) \_\_\_\_\_  Cell phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_  Other ( ) \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to patient if signed on behalf of the patient**