KAISER PERMANENTE ®
The Permanente Medical Group, Inc.
THE DEPARTMENT OF ALLERGY, ASTHMA & IMMUNOLOGY
1635 Divisadero Street Suite 101, San Francisco, CA 94115
(415) 833-3780, press 3

Dear Allergy Patient,

Welcome to the Department of Allergy, Asthma & Immunology at Kaiser Permanente Medical Center in San Francisco.

To better prepare you for your visit, please review the following:

- **Allergy Questionnaire**: Please complete and bring with you the Allergy Questionnaire attached to this letter.

- **Skin Testing**: If you plan to skin test, please make sure you've withheld all antihistamines for 4 days prior to your visit. This does **NOT** apply for those seeking treatment for **hives**. **If your symptoms are too severe to withhold antihistamines, please don't stop your antihistamines.**

  NOTE: If you are currently taking any Beta Blocker medication, please call us before your visit.
  Beta Blocker medication includes: Atenolol (Ternormin), Metoprolol (Lopressor), Propanolol (Inderal), Nadolol (Corgrad), Carvedilol (Coreg), Timolol Eye Drops (Timoptic and Ocupress Eye Drops), Levobunolol Eye Drops (Betagan Eye Drops).

- **What to eat prior to testing**: Be sure to eat a normal meal prior to your testing appointment.

- **Parking:** The best parking rate is at the Kaiser Permanente Parking Lot at 2238 Geary Blvd. From outside the lobby, make a left on Geary, another left on Divisadero, and cross Post. We're on the corner of Divisadero and Post, first floor, Suite 101. There is parking at this building but the rate is higher. Enter at Sutter for parking.

- **Length of Visit:** You may be here for up to 2 ½ hours for your doctor visit, testing and testing follow-up.

- **Costs and Copays:** Depending on your plan, you may have a copay for your allergy office visit and testing.

HMO Insurance Plan: To inquire about your copay costs, please contact: **Member Services** at: **1-800-464-4000**.

DHMO Insurance Plan (deductible insurance plan): To inquire about your allergy visit and testing costs, please contact the **Deductible Products Service Team** prior to your visit at **1-800-390-3507, weekdays from 7 am to 5 pm** for cost estimates. Costs may vary depending on the appropriate treatment your doctor may want you to receive at your visit.

For your convenience, these are some of the most common Allergy services we provide. Please provide these when you call.

Office Visit Copay and Billing Charge: CPT Code 99203

Skin Test: CPT Code 95004

Breathing Test: CPT Code 94010

Blood Test (RAST): CPT Code 86003

If you have any questions about your upcoming visit, or need to change your scheduled appointment, please do not hesitate to call our staff at **(415) 833-3780** and **press 3**. We hope your experience is beneficial, and we look forward to your visit.

Sincerely,

Faith R. Bocobo, M.D.
Calvin So, M.D.
Peg Strub, M.D, Chief
Jodi Thirtyacre, Manager

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WHAT HAPPENS DURING SKIN TESTING?

You will be tested on your lower and upper arms. 20 minutes after each test staff will check the reaction.

Lower arm testing is done with a disposable puncture device.

Upper arm testing is done with a tiny disposable needle just under the skin.

HOW DO I PREPARE FOR SKIN TESTING?

1. **GENERAL INFORMATION:** Testing is generally well tolerated and does not require special preparation in advance. Please tell the tester or nurse if you're not feeling well before your tests.

   Eat a normal meal **before** testing. Do not plan vigorous activity **following** testing.

   Please allow enough time in your schedule in case extra time is necessary for observation.

2. **MEDICATIONS:** Please do not take any antihistamines for 4 days before testing, as directed by your physician. If you're taking medicine for your heart, blood pressure, depression, or eye drops please check with the nurse. Almost all other medications can be taken as usual.

3. **CLOTHING:** Wear clothing with loose-fitting sleeves, so you can expose your upper and lower arms. If possible, please wear short sleeves.

HOW LONG DOES SKIN TESTING TAKE?

Each visit will take up to 2½ hours. Since you must be observed during the time, you will not be able to leave the waiting room. Therefore, it is important that you use the restroom or telephone **before** you begin testing. After you finish testing, you will see the doctor to go over your test results. Depending on your situation, the doctor may order different kinds of tests.

HOW WILL SKIN TESTS MAKE ME FEEL?

Most people feel fine after the tests. Testing can sometimes cause adverse effects. A positive test will routinely result in a round, itchy welt surrounding redness. It is possible that the tests may leave marks on your arms. These marks rarely persist, depending on your skin type.

Occasionally patients develop generalized allergic symptoms that need immediate attention. Very rarely these allergic reactions can be serious and life threatening. Please tell us promptly if you develop itching, wheezing, difficulty breathing, or swelling.

PATIENTS UNDER 18: Must have an adult present.

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Name: _____ MR#: _____ Date _____

How long have you lived in the Bay Area? _____ At your present address? _____

Where have you lived primarily for more than 2 years? : _____

-How can we help you at your allergy visit today? _____

CURRENT SYMPTOMS AND COMPLAINTS – PLEASE CHECK (√) ALL THAT APPLY

CHEST	NOSE	EARS	EYES	THROAT	SKIN
__ Asthma __ Cough __ Wheeze __ Tightness __ Shortness of Breath	__ Itching __ Congestion __ Sneezing __ Running	__ Itching __ Blockage	__ Itching __ Tearing	__Itch/Tickle __ Hoarseness __ Post Nasal Drip	__ Dry Skin __ Hives __ Rash

-**What makes you worse?** ☐ Dust/Dust mite ☐ Animals ☐ Pollen ☐ Exercise ☐ Indoors ☐ Outdoors ☐ Mold/Mildew ☐ Odors/Scents ☐ Respiratory Infections ☐ Smoke/Fireplace ☐ Other _____

-**What makes you better?** ☐ Indoors ☐ Outdoors ☐ Vacations ☐ Exercise ☐ Medications

- When did your symptoms begin? _____
- When are your symptoms present? ☐Year-long ☐ Seasonal ☐ Other_____
- Severity of your symptoms on a scale of 0 -10? (**0 is normal, 10 is very severe**) _____

OTHER ALLERGY PROBLEMS AND MISC:

Please describe any medication/anesthetic allergies _____

Please describe any severe food allergies (such as anaphylaxis, wheezing, shortness of breath, hives):

_____

Have you had a reaction with rubber/latex i.e. pacifier, gloves, balloons, condoms, diaphragm? ☐ No ☐ Yes

Have you had a severe reaction to a bee, wasp, or hornet sting? ☐ No ☐ Yes

Has anyone ever said you've stopped breathing while sleeping? ☐ No ☐ Yes

Have you had any unexpected weight loss? ☐ No ☐ Yes

ALLERGIC FAMILY HISTORY: List relatives with nasal allergies, asthma, food allergy, eczema OR other allergic disease

_____

WORK/SCHOOL - most recent employer / school: **Job Title** _____

Where: _____ Years: _____

Describe your work or major field of study? _____

If work/school affects your allergies, please describe _____

If patient is a child, what are the parent/s occupation/s? _____

ENVIRONMENTAL EXPOSURE **-Animals:** ☐ Cat # ____ ☐ Dog # ____ ☐ Other_____ # ____

-Flooring: ☐ Wall-to-Wall Carpeting ☐ Area Rug ☐ No Carpeting ☐ Other_____

-Hobbies: _____