NORTH MISSISSIPPI
ALLERGY & ASTHMA
CENTER

Dear Patient,

We would like to take this opportunity to welcome you as a new patient. We feel very fortunate you have chosen our clinic to assist in the care of your allergy and/or asthma problems. We have a few forms to help prepare for your visit with us.

If you suspect you have an allergy or plan to be skin tested, you may choose to stop all antihistamines seven days prior to your scheduled appointment. However, if your symptoms are such that this is not easily done, continue your medications and simply tell us you are on antihistamine when you come to your first visit. If you are being referred to us for Urticaria (Chronic Hives), you do not need to stop your medications.

The initial visit is very thorough and can be quite lengthy. We ask that you plan to be in the office for at least two hours, so please plan your schedule accordingly. During your visit, our physician will review your medical history with you and perform a physical examination. After the medical history and your symptoms have been discussed, skin testing will be performed if necessary. Another procedure, called spirometry (a breathing test), may be done if there is any history of chest symptoms. Spirometry helps us know how your lungs are functioning. Any other procedure, such as blood work, may be done depending upon your symptoms. If blood work is performed, it will be billed separately. Since education plays an important role in managing your allergies and asthma, our physician or nurses will discuss your treatment, including mediations, and how you can help control triggers around your home.

For information regarding payment, refer to our "payment policy" enclosed. For your convenience Visa, MasterCard, Discover, Personal Checks, and Cash are accepted. If you are unable to keep your appointment, please call at least 24 hours in advance.

Please complete the following forms and bring with you at your scheduled appointment time:

- Patient Information
- Patient Agreement
- Patient History

Our office is located in Tupelo at 1512 Medical Park Circle, which is off Eason Blvd.

If you have any questions or concerns, please feel free to call our office at 662-620-0688,

Sincerely,

North Mississippi Allergy and Asthma Center

For Your Initial Visit:

- Please bring your insurance card and photo ID. If you are in a managed care plan, the referral from your Primary Care Physician must be received in our office prior to your scheduled appointment. If you do not have your insurance card, you will be required to pay for the visit at time of service.

- Please check your allergy benefits with your insurance prior to your appointment so you will be prepared to pay your copay and coinsurance for any testing/procedures.

- Self-Pay patients will be required to pay $200 to go towards their balance of their visit's charges.

- Please bring a complete list of medications you are taking.

- Please refrain from using any perfumes or colognes during your visit. Many of our patients' symptoms are triggered by strong fragrances.

- We do NOT allow any food or drinks in our waiting or exam rooms due to patients' food allergies.

- We ask that you only bring (2) family members with you for your appointment. Children cannot be left unattended in our waiting room.

- Since our new patients are with us for several hours, our waiting room is usually always occupied, therefore, we ask for patient courtesy at all times. Please silence your cell phones. Children must be seated at all times and play quietly. Small children must be accompanied to the restroom. Disrespected patients will be asked to reschedule their appointment.

- Please arrive at the office 15 minutes prior to your scheduled time.

- REMINDER – Before your visit, please contact your insurance company for allergy benefits and limitations. We strongly suggest you familiarize yourself with your what and how much your insurance company covers so you are not surprised by a bill.

We look forward to helping you manage your allergy and asthma symptoms!

NORTH MISSISSIPPI ALLERGY & ASTHMA CENTER

Medical History and Allergy Survey

Patient Name:_____**DOB:** _____ **Today's Date**_____

What are your expectations from today's visit:_____
_____

Circle the allergy problems that you have or would like evaluated:

Nasal Allergies	Asthma	Insect Allergy	Chronic Cough
Rash/Eczema	Sinus Problems	Drug Allergy	Food Allergy
Hives/Urticaria/Angioedema		Immune Work Up	

Review of Symptoms:
Please check if you have recently experienced any of the following:

Eye:
___Dry
___Swelling
___Itching
___Burning

Ears:
____Itching
____Popping
____Fullness
____Hearing Loss

Respiratory:
___Shortness of Breath
___Wheeze
___Cough
___Sputum

Skin:
____Itching
____Rash
____Hives
____Swelling

Nose:
___Sneezing
___Runny Nose
___Mouth Breathing
___Itching
___Nasal Obstruction

Throat:
____Itching
____Soreness
____Post Nasal Drip
____Swelling

Immune:
____Recurrent Fever
____Recurrent Infections

Allergy:
Please answer if any applies:

Age of onset of allergies:_____
Allergies are: Seasonal Daily Year Round
Worst Months for your allergies:_____
Allergies are Stable or Worsening (circle one)
Known Triggers: (circle one)
Cat Dog Dust Smoke Fresh Cut Grass Pollen

Drug Allergies:_____
Food Allergies:_____

Any previous Allergy or Asthma Treatment:
Name of Allergist:_____
Have you ever received Allergy Shots: yes or no (circle one)
If yes, how long:_____

Medical History:

Current medical problems:_____
Surgeries? yes or no (circle one) If yes, _____
Have you ever been hospitalized for Asthma: yes or no (circle one)
Have you experienced?
recurrent sore throats, repeated sinus infections, or pneumonia? (circle one)
Are your vaccinations up to date? yes or no (circle one)
Do you receive a flu vaccine yearly? Yes or no (circle one)

Personal History for Pediatrics and Adults:

Attend Daycare or School:_____
Exposed to cigarette smoke: yes or no (circle one)
Do you live in a house, apartment, condo, or mobile home (circle one)
How old is the home: _____
Carpet: yes or no (circle one)
Indoor Pets or Outside Pets (circle one)
Air Conditioning: Central or Window Unit (circle one)
Pillow: Feather, Foam, or Polyester Fiber (circle one)
Bed: Regular or Feather (circle one)
Do you use a humidifier, air purifier, ceiling fans or fireplace? (circle all that applies)
Cockroaches or rodents: yes or no Mold or Mildew exposure: yes or no

Personal History for Adults only:

Do you smoke: yes or no (circle one) If yes, How many packs per day?_____
How many years have you smoked:_____
Do you drink alcohol? yes or no (circle one)
Do you use recreational drugs? yes or no (circle one)

Family History: List any immediate family member with allergy or asthma condition:

_____