ALLERGY HISTORY

NAME		DOB	DATE
COMPLAINTS:			
Please circle the appropriate numb severity: 0 = absent (no symptom		2 = moderate (tolera	able)
1 = mild (symptoms present, but	minimal awareness),	3 = severe	
Nasal obstruction (stuffy nose) Nasal itching Sneezing Watery eyes Itchy eyes Gritty feeling (eyes) Cough Wheezing	0 1 2 3 0 1 2 3	Headache Hives Eczema Itching ears Sinus or ear infections Frequent colds or sore throat Sensitivity to pet hair Itchy throat Sinus pressure	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3
Difficulty breathing (0 1 2 3	Sinus pain	0 1 2 3
Other symptoms causing you probl	ems?		
How often do you take medications $0 = never $	several times a month Nasal Steroids (Asthma medica	or less) 2 = frequently (several (Flonase, Nasacort) tion (Inhaler, Singulair, Advair)	0 1 2 3 0 1 2 3
Does any medication give you com	nplete relief of symptor	ms?	
GENERAL ALLERGY HISTORY: How many months of the year do y			
In what season are they worse (che Have you been allergy tested befor If yes, which type: O Skin prick/Pun Have you previously received aller Do you smoke or use tobacco problems and animals you have in or are	re? O Yes O No acture O Blood draw rgy shots? ducts? ound the home	Allergy drops?l	If yes, when?
Who else in your family has allerg	ies?		_
PROVIDER ONLY			
RAWSCORE:	tiplyrawscoreby4)	0-25=MILD 51-100=SEVERE	26-50=SIGNIFICANT 100+= VERY SEVERE

This Allergy History worksheet is meant for use by a licensed medical professional only. This worksheet is in no way meant to confer a diagnosis or dictate a specific course of either testing or treatment in lieu of a medical professional's opinion. Scores and descriptions of severity are relative to questions

asked and may not be seen in and of themselves as conveying medical advice or medical necessity.

NA000594

Allergen Immunotherapy Patient Informed Consent

NAME	DOB	DATE
Initial immunotherapy, hyposensitization, of facility with a medical physician present sing These reactions may consist of any or all the congestion; runny nose; tightness in the the lightheadedness; faintness; nausea and volunder extreme conditions. Reactions, even required to wait in the medical facility in whinjection. If the patient is 17 years of age of during the waiting period. I verify that I (or pam, I have discussed the risks/benefits of cread (if new patient) or re-read (if establish immunotherapy and understand it. The oppregarding the potential side effects of immuny satisfaction. I understand that every precarried out to protect me against such read injections that the physician-in-charge has with my signature that I am authorizing the decide not to initiate the allergen immunoth may be prepared up to 1½ weeks prior to meeded, from my insurance plan.	nce occasional reactions make following symptoms: itcome following symptoms: itcome for chest; coughing; incomiting; hives; generalized a though unusual, can be suich you receive the injection younger, a parent or legal patient) am not taking beta doing so with my physician ed patient) the patient inforportunity has been provide unotherapy and these questions. I also agree that if I permission to treat said refice to bill for allergen value appropriate the value of the control of t	hy eyes, nose, or throat; nasal creased wheezing; itching; and shock, the last erious and rarely, fatal. You are ons for 30 minutes after each al guardian must be present a blocker medications or that if I (see information sheet). I have rmation sheet on d for me to ask questions stions have been answered to be best medical practice will be have an allergic reaction to the action. I acknowledge the fact accines, even if, for any reason, I accine has been made. Vaccines
PATIENT	DATE	
FOR MINORS ONLY:		
PARENT or LEGAL GUARDIAN	DATE _	
As parent or legal guardian, I understand the minute wait.	hat I must accompany my	child throughout the entire 30-
Office Staff	DATE	

SKIN ALLERGY TEST RESULTS

NAME		DOB	DATE
PATIENT HAS TAKEN ORAL ANTI-HISTAMINES IN	LAST 24 HOURS	?	
Yes No			
165 NO			
MARK ALL RESULTS OF SKIN TEST IN MM:			
GROUP A1	GROUP A2		
NEG CONTROL		POS CONTROL	
DOG EPITHELIA			M SPHAERO (MOLD)
CAT HAIR		RUSSIAN THIST	
ALT. ALTERNATA (MOLD)			(ASS & GRASS POLLEN)
CLADO. HERB. (MOLD)		JOHNSON GRAS	SS (GRASS/WEED)
GROUP B1	GROUP B2		
			()
BERMUDA (GRASS)		ALDER, WHITE (
COCKROACH MIX (INSECT)MITE MIX (INSECT)		WINGSCALE (SI	ROB) , FREMONT (TREE)
SAGEBRUSH, COMMON (SHRUB)		COTTONWOOD ELM, SIBERIAN	
MAPLE-BOX ELDER MIX (TREE)			(TREE) CAMORE (TREE)
W/W ZE BOX ZEBER WIX (TREE)		0/\ 0/	o, world (TREE)
GROUP C1	GROUP C2		
MU DEDDY MUITE (TDEE)			\(\(\alpha\) (TDEE\)
MULBERRY, WHITE (TREE)		WILLOW, ARRO	
OAK, GAMBEL (TREE) PECAN (TREE)		PALM, QUEEN (PINE, PONDER(
ACACIA (TREE)		BIRCH, RIVER (
NOAGIA (TREE)WALNUT, CA. BLACK (TREE)		MESQUITE (TRE	
			,
GROUP D1	GROUP DO		
GVOOL D1	GROUP D2		
DOCK-SORREL MIX (HERB)		MARSH ELDER,	BURWEED (WEED)
WESTERN RAGWEED MIX (WEED)		NETTLE (WEED	,
BACCHARIS (SHRUB)			GH/REDROOT (WEED)
FIREBUSH/KOCHIA (WEED)		PLANTAIN, ENG	` ,
LAMB'S OHARTER (WEED)		HACKBERRY (T	KFF)

OFFICE USE ONLY - ROS

conjunctivities	H10.45 Other chronic allergic	H65.01 Acute serous otitis media,	H65.02 Acute serous otitis	H65.03 Acute serous otitis media,
recurrent, right ear recurrent, pilateral right ear recurrent, right ear recurrent, pilateral right ear recurrent part is recurrent recurrent entered in the recurrent part is recurrent pa	conjunctivitis	right ear	media, left ear	bilateral
H65.22 Chronic serous otitis media, left ear media, bilateral media, bilateral media, bilateral media, bilateral media, bilateral media, bilateral media, left ear h65.412 Chronic allergic otitis media, left ear h65.49 Other chronic non-suppurative otitis media, right ear sear of the suppurative otitis media, right ear supportative otitis media, left ear supportative otitis media, unspecified, left ear unspecified, left ear unspecified, left ear unspecified, bilateral unspecified	H65.04 Acute serous otitis media,	H65.05 Acute serous otitis media,	H65.06 Acute serous otitis	H65.21 Chronic serous otitis media,
left ear	recurrent, right ear	recurrent, left ear	media, recurrent, bilateral	right ear
H65.491 Chronic allergic otitis media, bilateral H65.492 Other chronic non-suppurative otitis media, inght ear suppurative otitis media, bilateral suppurative otitis media, bilateral unspecified, unspecified, bilateral unspecified, unspecified, bilateral unspecified, unspecified, sinusitis supperative otitis media, inuspecified, unspecified, unspecified, unspecified unspecified. Unspecified unspecified unspecified unspecified unspecified unspecified unspecified. Unspecified unspecified. Unspecified unspecified. Unspecified unspecified, without obstruction unspecified unspecified, without obstruction unspecified, without obstruction unspecified unspecified, without obstruction unspecified unspecified unspecified unspecified. Indicate provided unspecified unspecified unspecified unspecified unspecified unspecified. Indicate provided unspecified unspecified unspec	H65.22 Chronic serous otitis media,	H65.23 Chronic serous otitis	H65.411 Chronic allergic	H65.412 Chronic allergic otitis media,
bilateral suppurative otitis media, right ear ear suppurative otitis media, left ear lear suppurative otitis media, left ear left	left ear	media, bilateral	otitis media, right ear	left ear
ear ar left.ear	H65.413 Chronic allergic otitis media,		H65.492 Other chronic non-	H65.493 Other chronic
H66.91 Otitis media, unspecified, right ear H66.92 Otitis media, unspecified, left ear J01.10 Acute recurrent maxillary sinusitis J01.11 Acute recurrent maxillary sinusitis J01.12 Acute recurrent termoidal sinusitis J01.21 Acute recurrent pansinusitis J01.30 Acute spenoidal sinusitis J01.21 Acute recurrent pansinusitis J01.22 J01.23 Acute spenoidal sinusitis J01.24 Acute recurrent pansinusitis J01.25 Acute recurrent sinusitis J01.26 Acute pansinusitis J01.27 Acute recurrent sinusitis J01.27 Acute recurre	bilateral	suppurative otitis media, right ear	suppurative otitis media, left	nonsuppurative otitis media, bilateral
left ear unspecified, bilateral unspecified Unspecifie				
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Sinusitis Sinusitis Sinusitis Unspecified Invalidation			· ·	•
Jol.21 Acute recurrent ethmoidal sinusitis unspecified				
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unspecified unspecified, without obstruction Jos. 0 Acute obstructive laryngitis [croup]				
Obstruction		J04.0 Acute laryngitis		
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R06.09 Other forms of dyspnea R06.2 Wheezing	9		R05 Cough	R06.02 Shortness of breath
STATEMENT OF MEDICAL NECESSITY.				

STATEMENT OF MEDICAL NECESSITY:

Previously Check all t	tried Treatments/Medications:hat apply:	
	95004 (38 Units) Allergy Skin Test (Environmental) 95165 (180 Units) Allergy Immunotherapy for significant + results	Other units
of the allergy	vas tested for allergies to assist in diagnosis. Prior to the test and or treatment th test and associated treatment. Refer to the patient file for a more complete aller allergy blood test in lieu of skin testing, it was due to documented medically nece	gy history, performed test forms, and test results. If patient
Provider	SIGNED	DATE
Provider	SIGNED	DATE