

MGH Waltham  
Allergy and Immunology  
52 Second Ave., Blue Bldg., Suite 2600  
Waltham, MA 02451

Tel: 781-487-3838  
Fax: 781-487-3899

Dear Patient,

A new patient appointment has been made for you at Allergy Associates, MGH

**Date:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**We ask that all patients bring the following:**

- Photo ID
- Insurance card
- Prescription plan card
- Completed paperwork
- Co-payment
- Insurance Referral from your Primary Care Physician, it is the patient's responsibility to obtain. Patients who are seen without a referral will be asked to sign a waiver and may be billed directly.

**If you are unable to keep your appointment:**

- Please notify our office at least two (2) business days prior to your scheduled office visit. This allows us to schedule other patients who are waiting for an appointment.

**New patient visits:**

- **Please allow ample travel time.** Please arrive **15 minutes before** the scheduled time of your appointment to be checked in. If you are **more than 15 minutes late** for your appointment, you may be asked to reschedule to a later date.
- May take as long as **3 hours** because of the time required for skin testing. Your initial examination may include a series of skin tests to identify allergens to which you are sensitive.
- **For patients scheduled for skin testing, all antihistamines should be avoided for 5 days prior to your office visit.** Common prescription antihistamines include: Allegra (fexofenadine), Clarinex (desloratadine), Astelin /Astepro (azelastine hcl) nasal spray, Patanase nasal spray, Vistaril and Atarax (hydroxyzine). There are numerous over-the-counter antihistamines like Benadryl, Chlotrimeton, Zyrtec (cetirizine), Claritin/ Alavert (loratadine), and Tylenol PM. If you are not certain whether the medication you are taking is an antihistamine, please contact us at 781-487-3838.
- If you are unable to stop taking antihistamines because of the severity of your symptoms, continue on the medication but keep your appointment. Another approach to testing will be considered by your doctor.
- Please wear a sleeveless shirt for skin testing, as test reagents will be placed on both the upper and lower parts of the arms.
- Please update your registration prior to your visit by calling 1-866-211-6588.

Please visit our website at <http://www.massgeneral.org/west/ourservices/allergy.aspx>.

We look forward to seeing you.

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**From Boston (West Bound)**

Take the Massachusetts Turnpike West to exit **123 A/B (formerly 15 A/B)** and follow instructions below for Route 95/128 Northbound.

**From Framingham/Natick (East Bound)**

Take the Massachusetts Turnpike to exit **123 (formerly 14)** and follow instructions below for Route 95/128 Northbound

**From Route 95/128 Northbound:**

Take exit **43B (formerly 27B)** Winter St. Waltham. You will pass the Mass General Waltham building on the left of the highway. Turn right off the exit, then right over the highway. Proceed straight through the first set of lights and left through the second set. The Embassy Suites Hotel should now be on your right. Stay in the right lane and follow the signs for Second Ave./Bear Hill Rd. Turn right, and then left into the parking garage of the Mass General Waltham Building.

**From Route 95/128 Southbound**

Take exit **43B (formerly 27B)** Winter St. Waltham and stay in the center lane off the exit. Proceed straight through the first set of lights, and then left through the second set. The Embassy Suites Hotel should now be on your right. Stay in the right lane and follow the signs for Second Ave./Bear Hill Rd. Turn right, and then left into the parking garage of the Mass General Waltham Building.

**From Route 93 North or South**

Take the Route 95/128 south exit and follow instructions for Route 95/128 Southbound.

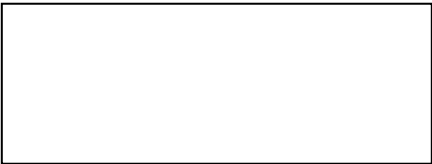
**Parking & Wheelchair Access**

There is ample free parking on site, and all Mass General Waltham offices are handicapped accessible

Upon entering the driveway, get in the right lane and follow the signs for P1, P2, P3. There is access to the Blue Building with elevators on all three levels. Once in the elevator, come up to the second floor. Allergy and Immunology is in Suite 2600 (behind the spiral staircase).

**Due to construction and heavy traffic,  
please allow extra travel time.**

**MGH Allergy and Immunology Patient Information**  
**Please complete all forms before your appointment.**



Name: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Providers within the Mass General Brigham system will be able to review your report.**  
**Health care providers outside of Mass General Brigham to whom reports should be sent:**

Name _____	Name _____
Specialty _____	Specialty _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

**State the main reason for your visit:**

\_\_\_\_\_

Any specific exposure bring on your symptoms?

\_\_\_\_\_

When are your symptoms the worst? (please circle)  
Winter Spring Summer Fall Year Round

When are your symptoms the worst? (please circle)  
At night Mornings Evenings At Home At Work Indoors Outdoors

Have you been tested for allergies in the past? \_\_\_\_\_ If so, what were you allergic to? \_\_\_\_\_

**Home environment**

*Please check all the boxes that describe your environment.*

How long have you lived in the New England area? \_\_\_\_\_

Have you moved recently?  Yes  No

How long have you been in your current home? \_\_\_\_\_

How old is your current home? \_\_\_\_\_

Do you have:

feather pillows  down comforter  wall to wall carpeting

*Type of heating*  Forced hot water  Forced hot air  electric baseboard

*Air conditioning*  none  Central  Window

Is there:

Visible mold, mildew or dampness in your home Where? \_\_\_\_\_

Evidence of cockroaches

Evidence of mice

Do you have a pet?

Cat(s)  Dog(s)  Does your cat or dog go into the bedroom?

other pets (list) \_\_\_\_\_

**Work environment**

Occupation \_\_\_\_\_

Are there any features in your work environment or previous work environment that you feel are contributing to your problem? \_\_\_\_\_

Do you have any hobbies that might be contributing to your problem? \_\_\_\_\_

Have you ever smoked? \_\_\_\_\_ Age that you started \_\_\_\_\_ Age Quit \_\_\_\_\_ packs per day \_\_\_\_\_

Have you ever used smokeless tobacco? \_\_\_\_\_

Does anyone in your household smoke? \_\_\_\_\_

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Name: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**List medications, vitamins and herbal supplements you are taking.** Include all prescriptions and over the counter medications.

drug name/dose/frequency	drug name/dose/frequency

**Are you allergic to any medications?**

Drug name	Symptoms	Date of Reaction

**Family History**

	Asthma	Seasonal Allergies	Sinus Disease	Eczema	Hives	Swelling/ Angioedema	Food Allergy	Medication Allergy	Autoimmune Disease	Known Immune Problem	Frequent Infections
mother											
father											
sister											
brother											
children											
other											

Adopted       Family history unknown

**Past Medical History**

Please put a check the appropriate box.

Do you have any of the following?	Yes	No	Do you have any of the following?	Yes	No
High blood pressure			Autoimmune disease		
Diabetes			Thyroid problem		
Heart problems			Hospitalization for infection		
Liver problems			Pneumonia		
History of cancer			Sinus infections		
History of seizures			Recurrent ear infections		
Acid reflux disease			Hives		
Sinusitis			Eczema		
Nasal Polyyps			Unexplained swelling		
History of sinus surgery			Reaction to insect sting		
Chronic congestion			Other: _____		

**MGH Allergy and Immunology Patient Information**  
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Name: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you had any of these symptoms recently?**

Please put a check the appropriate box.

<b>General</b>	<b>Yes</b>	<b>No</b>	<b>Skin</b>	<b>Yes</b>	<b>No</b>
Fever or chills			Rashes		
Unexpected weight change			Hives		
Enlarged lymph nodes			Dry skin		
<b>Eyes</b>			Sensitive skin		
Itchy watery eyes			Swelling		
Red eyes			<b>Gastrointestinal</b>		
Blurry vision			Trouble swallowing		
Pain in eyes			Diarrhea		
<b>Ears/Nose/Throat</b>			Abdominal pain		
Ear Pain/popping			Heartburn/reflux		
Hearing difficulty			Nausea or vomiting		
Post-nasal drip			<b>Endocrine</b>		
Runny nose			Constant thirst		
Sinus pain or pressure			Heat intolerance		
Nose bleeds			Cold intolerance		
Persistent Hoarseness _____			<b>Bone/joints</b>		
<b>Cardiovascular</b>			Painful joints		
Palpitations/irregular heartbeat			Swollen joints		
Chest pain			Muscle pain/tenderness		
Swollen ankles			<b>Neuromuscular</b>		
<b>Respiratory</b>			Dizzy, fainting spells		
Shortness of breath			<b>Psychological</b>		
Chest tightness			Increased stress		
Persistent cough			Depression		
Wheezing			Anxiety		
<b>Rate your pain 0-10</b>			Difficulty sleeping		