



**PULMONARY MEDICINE, INFECTIOUS DISEASE  
AND CRITICAL CARE CONSULTANTS**  
MEDICAL GROUP, INC.

**Leaders in outcomes oriented, evidence based,  
compassionate, cost effective care**

**ESTABLISHED PATIENT INFORMATION**

Hello,

We are delighted that you have scheduled an appointment with Pulmonary Medicine, Infectious Disease, and Critical Care Consultants Medical Group. We are honored to participate in your health care.

PMA providers care for some of the most complicated and critically ill patients in the Greater Sacramento Area, both in area hospitals and in the outpatient office environment in three locations. PMA providers are specialists in pulmonary diseases, infectious diseases, sleep medicine, hyperbaric oxygen treatment, palliative care, and critical care medicine. PMA providers are Board Certified.

Our goal is to provide you with exceptional medical care and superior service. To help ensure you have the best possible visit, we offer a few tips:

1. Please completely fill out the attached Demographic and Health History Questionnaire prior to your arrival for your first appointment. If you have completed all the requested paperwork prior to your appointment, please arrive at least 30 minutes prior to your scheduled appointment time. If you are unable to complete the required paperwork prior to your appointment, you must arrive 60 minutes prior to your scheduled time or your appointment may be rescheduled. We know that sounds like a long time, but PMA providers would like to ensure that they have as much information about you as needed to provide you with exceptional medical care.
2. Please bring in all current medications or a complete list of all prescription and over-the-counter medications you are taking, along with all dose and frequency information.
3. Write down your questions or issues that you would like to cover with the doctor during your visit so you won't forget to ask and your time will be well spent.
4. Please bring your insurance card(s) and photo identification. We are required to verify the identity and insurance eligibility of all of our patients. We are also required to collect any co-payments and/or deductibles at the time services are provided.
5. Bring cash, check or credit card for your co-payment or deductible.

If you are unable to keep your appointment for any reason, please notify us at least 24 hours in advance to avoid a \$50 missed appointment fee. We have set aside your appointment time just for you.

Should any questions or concerns arise before your next visit with us, please feel free to contact PMA's Central Scheduling Office by calling (916) 679-3590. We are available Monday through Friday from 8:00 a.m.-4:30 p.m. and closed for lunch from 12:00 p.m. -1:00 p.m.



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**Allergy & Immunology**

Thank you for choosing PMA to participate in your medical care. We are committed to providing the best possible medical care to our patients while also minimizing administrative costs. This financial policy has been established with these objectives in mind, and to prevent any misunderstanding or disagreement concerning payment for professional services.

**All Patients are financially responsible for services provided by Pulmonary Medicine Associates**

- PMA requires that you provide a copy of your current insurance card and photo ID at every visit.
- PMA participates with numerous insurance plans. For patients who are covered by one of these insurance plans, our billing office will submit a claim for our services, directly to your insurance.
- As a requirement of both PMA and your insurance company, Co-payments are due at the time of service.
- Payment of Co-Insurance or any charges not covered by your plan is required at the time of service.
- Payment is required in full at the time of service from uninsured patients, unless arrangements have been made with the Business Office in advance.
- Payment for services can be made with cash, check or credit card.
- It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. Visits may be rescheduled due to lack of referral or authorization.
- PMA charges a missed appointment fee of \$50 if you do not come to your appointment for any reason, unless you cancel the appointment at least 24 hours in advance. Insurance does not cover this administrative fee. You will receive a bill. **Please note, if you are scheduled for any desensitization/rush immunotherapy and you cancel within 2 weeks of your appointment date, there will be a \$100 fee.**
- Any account over 90 days old will be turned over to a collection agency unless arrangements have been made with the Business Office, and any payment plan is up-to-date.
- Our staff members are happy to answer insurance questions relating to how a claim was filed, or regarding any additional information the payer might need to process the claim. However, specific coverage issues can only be addressed by the insurance company member services department. You can find this phone number on your insurance card.

*Pulmonary Medicine Associates firmly believes that a good physician-patient relationship is based upon mutual understanding and good communication. All questions and communication about financial arrangements should be directed to the central billing office (916) 482-7623, option 1. We are happy to help you.*



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**ALLERGY, ASTHMA AND IMMUNOLOGY**

**ALLERGY SKIN TESTING PREPARATION INSTRUCTIONS**

During your visit, allergy skin tests may be performed to help determine your suspected allergy (food, environmental such as pollens & trees, and insect). This type of in office test is quick and very well tolerated, even by small children. However, in order to be able to obtain accurate results, you must stop taking your antihistamines a certain amount of time before your test date.

**Antihistamines to be stopped 5 days prior to your appointment:**

- Brompheniramine (*Actifed, Atrohist, Dimetapp, Drixoral*)
- Cetirizine (*Zyrtec, Zyrtec D*)
- Chlorpheniramine (*Chlortrimeton, Deconamine, Kronofed A, Novafed A, Rynatan*)
- Clemastine (*Tavist, Antihist*)
- Cyproheptadine (*Periactin*)
- Desloratidine (*Clarinex*)
- Dexchlorpheniramine (*Polaramine*)
- Diphenhydramine (*Allernix, Benadryl, Nytol*)
- Doxylamine (*Benectin, Nyquil*)
- Fexofenadine (*Allegra, Allegra D*)
- Hydroxyzine (*Atarax, Vistaril*)
- Levocetirizine (*Xyzal*)
- Loratadine (*Claritin, Claritin D, Alavert*)
- Meclizine (*Antivert, Dramamine*)
- Promethazine (*Phenergan*)

**Note:** Antihistamines are found in many over the counter medications including Tylenol PM, Actifed Cold and Allergy, Alka-Seltzer Plus Cold with Cough Formula, motion sickness medications, sleep aids, and many others. Make sure to read the ingredients carefully for all medications you are taking in the days prior to your skin test appointment.

**Nasal Sprays and Eye Drops to be stopped at least 2 days prior to your appointment:**

- Azelastine (*Astelin, Astepro, Dymista, Optivar*)
- Bepotastine (*Bepreve*)
- Ketotifen (*Zaditor, Alaway*)
- Olopatadine (*Pataday, Patanase*)
- Pheniramine (*Visine A, Naphcon A*)

**Note:** There is no need to stop steroid nasal sprays such as Flonase (fluticasone), Nasonex, Nasacort (triamcinolone), Rhinocort, and Veramyst as these medications **will not affect the skin test**.

**Antacids to be stopped at least 2 days prior to your appointment:**

- Cimetidine (*Tagamet*)
- Famotidine (*Pepcid*)
- Nizatidine (*Axid*)
- Ranitidine (*Zantac*)

**Do not consume any products containing green tea for at least 2 weeks prior to your appointment.**

\*Please let us know if you are taking any tricyclic medications (antidepressants) such as amitriptyline, doxepin, imipramine, etc.

**DO NOT STOP YOUR ASTHMA MEDICATIONS!**



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**ALLERGY, ASTHMA AND IMMUNOLOGY  
HEALTH HISTORY QUESTIONNAIRE**

**Patient Name: (Please Print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**PATIENT'S VACCINES**

TdaP (Tetanus, Diphtheria, Pertussis)	<b>Last Date:</b>	
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Flu	<b>Last Date:</b>	
Pneumonia Shot (Pneumovax)	<b>Last Date:</b>	<input type="checkbox"/> I have not had this shot
Pneumonia Shot (Pnevnar13)	<b>Last Date:</b>	<input type="checkbox"/> I have not had this shot
Current Season Flu Shot	<b>Last Date:</b>	<input type="checkbox"/> Decline/Refuse Shot <input type="checkbox"/> I have not had this shot

**PATIENT'S ENVIRONMENTAL HISTORY (please mark the items applicable to the patient)**

Do you live in a house, apartment or trailer? :		
Where is the home located (check all that apply)		
<input type="checkbox"/> Rural	<input type="checkbox"/> City	
<input type="checkbox"/> Near factories or industries	<input type="checkbox"/> Near a river/stream/ocean	
How old is the home?		
How long have you lived there?		
Has there been any water leakage or damage in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have HEPA filters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a fireplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a wood burning stove?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have carpet in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a feather pillow and/or comforters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have pillow and mattress dust-proof encasements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate "yes" if the patient has any of the following conditions:

	YES
<b>Constitutional</b>	
Fever	
Weight Change	

	YES
<b>Eyes</b>	
Itching	
Epiphora (Watery Eyes)	
Scleral Injection (Red Eyes)	

	YES
<b>Head</b>	
Trauma	

	YES
<b>Ears</b>	
Ear "Popping"	
Itching Of The Ears	

	YES
<b>Nose</b>	
Sinus Pressure	
Nasal Congestion	
Sneezing	
Nasal Itching	

	YES
<b>Throat</b>	
Itching throat	
Post-nasal drip (PND)	
Voice Change	

	YES
<b>Cardiovascular</b>	
Irregular heartbeat	
High Blood Pressure (Hypertension)	
Heart Murmurs	

	YES
<b>Respiratory</b>	
Wheezing	
Cough	
Shortness of Breath	
Chest Tightness	
Exercise Intolerance	
Nocturnal Awakenings	
Aspirin/NSAIDs Cause Wheezing / Shortness of Breath / Nasal Congestion	
Ever been intubated for asthma?	

	YES
<b>Gastrointestinal</b>	
Nausea	
Vomiting	
Constipation	
Diarrhea	
Belching (Eructation)	
Abdominal Pain	
Flatulence	
Bloating	
Constant feeling of need to pass stool (Tenesmus)	
Frothy, floating, foul smelling stool (Steatorrhea)	

	YES
<b>Psychiatric</b>	
Irritability	
Mood Swings	
Hallucinations	

	YES
<b>Skin</b>	
Rash	
Hives	
Itching (Pruritus)	
Eczema	
Psoriasis	

	YES
<b>Hematologic/Lymphatic</b>	
Swollen Glands	
Easy Bruising	