



PEORIA  
EAR, NOSE,  
& THROAT  
GROUP  
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OTOLARYNGOLOGY  
HEAD AND NECK ONCOLOGY  
FACIAL PLASTIC AND  
RECONSTRUCTIVE SURGERY

PEDIATRIC AND ADULT  
ALLERGY, ASTHMA AND  
IMMUNOLOGY

COCHLEAR & BAHÁ IMPLANTS  
AUDIOLOGICAL SERVICES  
DIGITAL HEARING DEVICES

Dear Patient:

For your upcoming appointment, please complete the attached form and bring the form to your visit. The information that you provide will greatly assist me.

Please stop all anti-histamines **ONE WEEK** prior to your appointment for possible allergy skin testing. If you have been instructed by another physician to continue the anti-histamine(s), or you do not feel that you can stop taking the anti-histamine(s) safely, please continue the medication(s) until we can discuss further at your visit. **DO NOT STOP** any of your essential medications, such as blood pressure medications or seizure medications. You may continue your asthma inhalers. Please refer to the list of common medications that contain anti-histamines on the back of this page.

For adults, allergy skin testing is performed on the arms. For children, allergy skin testing is typically performed on the back. Please wear appropriate clothing to accommodate testing, i.e. short sleeves, loose clothing.

Kindly refrain from wearing any perfumes, colognes, aftershave, or heavily perfumed lotions on appointment day(s). Although these scents are pleasant, they cause migraine headaches, sinus pain, and even difficulty breathing for some of my allergy patients with sensitive noses.

Depending on whether testing is pursued, an average visit is typically 2-3 hours. Please plan accordingly.

Thank you for your time. Feel free to call us with any questions or concerns prior to your appointment. Otherwise, I look forward to meeting you.

Sincerely,

Julie Klemens, MD

**List of common medications that contain anti-histamines:**

|              |                  |                |                 |
|--------------|------------------|----------------|-----------------|
| Actifed      | Alavert          | Allegra        | Allerx          |
| Antivert     | Aqua Tab         | Astemizole     | Atarax          |
| Benadryl     | Bromfed          | Bromfenex      | Brompheniramine |
| Cetirizine   | Chlorpheniramine | Chlortrimeton  | Clarinx         |
| Claritin     | Clemastine       | Codeine        | Comhist         |
| Contac       | Coricidin        | Cyproheptadine | D'Allergy       |
| Deconamine   | Desloratadine    | Dimetapp       | Diphenhydramine |
| Dristan      | Drixoral         | Fexofenadine   | Hismanal        |
| Histussin HC | Hydroxyzine      | Levocetirizine | Loratadine      |
| Meclizine    | Nytol            | Periactin      | Phenergan       |
| Rondec       | Rynatan          | Semprex        | Sominex         |
| Tanafed      | Tavist           | Terfenadine    | Triaminic       |
| Tussionex    | Tylenol Allergy  | Unisom         | Vistaril        |
| Xyzal        | Zyrtec           |                |                 |

**Nose sprays that contain anti-histamines:** Astelin, Astepro, Patanase.

You may continue nasal steroids such as Nasonex, Nasacort, Flonase, Rhinocort, and Veramyst, Omnaris.

**Eye drops that contain anti-histamines:** Bepreve, Elestat, Optivar, Pataday, Patanol, Zaditor

**Asthma medications:** Please continue all your asthma medications unless otherwise directed.

**Beware that many over-the-counter medications for colds and allergies will contain anti-histamines. Also, many over-the-counter sleeping aids contain anti-histamines.**

**This is not an all inclusive list. Please call if you have any questions.**







| FAMILY HISTORY:              |               |
|------------------------------|---------------|
| Condition                    | Family Member |
| Seasonal Allergies/Hay Fever |               |
| Sinus Problems               |               |
| Asthma                       |               |
| Eczema                       |               |
| Food Allergies               |               |
| Hives/Swelling               |               |
| Recurrent Infections         |               |

**If you have ENVIRONMENTAL allergies:**

Previous allergy testing:  Yes  No  
 If yes:  Skin test  Blood test

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**If you have FOOD allergies:**

Previous allergy testing:  Yes  No  
 If yes:  Skin test  Blood test

**If you have ASTHMA:**

Age at diagnosis \_\_\_\_\_

Have you had the following test:  
 Chest X-Ray  Pulmonary Function Test

# ER visits \_\_\_\_\_

# Hospitalizations \_\_\_\_\_

# Oral Steroids  
 In the last 12 months \_\_\_\_\_  
 Lifetime \_\_\_\_\_

**If you have FREQUENT INFECTIONS:**

In the last 12 months

|                          |                              |
|--------------------------|------------------------------|
| # Ear infections _____   | # Pneumonia/bronchitis _____ |
| # Sinus infection _____  | # Skin infection _____       |
| # Throat infection _____ | Other: _____                 |

**If patient is less than 18 years old:**

Was patient born  Full term  Premature

Were there complications at birth?  Yes  No  
 If yes, explain \_\_\_\_\_

Are immunizations up to date?  Yes  No

Are there growth or developmental delays?  Yes  No

\_\_\_\_\_  
 Patient Signature (Guardian if patient is less than 18 years old)

\_\_\_\_\_  
 Date