Dr Caroline Foreman BSc BMBS FRACP

Consultant physician, Clinical Immunology and Allergy
Medical HQ Glynde 127 Glynburn Road Glynde **Phone: 08 8337 1200**
Allergy SA 47 Orsmond Street Hindmarsh SA 5007 **Fax: 08 8337 1199**

Your Appointment with Dr Foreman is on ______________________________

Please read and complete the attached form and bring with you to your appointment.

PLEASE CONFIRM/CANCEL this appointment as soon as you receive this letter by calling Medical HQ Glynde on **83371200**

THINGS YOU NEED TO KNOW

- **STOP** taking antihistamines 4 days prior to your consultation and any medications with antihistamines (if you are unsure please see attached list of antihistamines).
- Bring your referral letter from your GP or Specialist (if your doctor has sent your referral direct please confirm we have received your referral prior to appointment).
- Bring your Medicare card and any government issued health concession card.
- X-rays and previous results/studies relevant to your consultation/condition.
- List of Current medications including any Asthma puffers and spacers.
- Allow an hour and half for this appointment.
- If you are concerned about a food allergy bring any food you would like to test (eg peanuts)

FULL PAYMENT IS REQUIRED ON THE DAY OF CONSULTATION

- (Private health cover will not cover your consultation in private rooms)
- Consultation Fee is approximately $335, Plus skin testing
    - Skin testing approx. $110 if required
- Medicare will refund $231.35 for the consultation and 33.65 for the skin test.
- (please ensure your details up to date with Medicare for easy rebating)
- Payment can be made by Cash, Credit, EFT (Cheques are not accepted)
- Private fees apply to ALL Patients.
- Reduced Fees for current Concession card holders only (Concession card must be provided at time of consult to benefit from a Concession fee)
- 48 hour notice is required for all cancellations (cancellation fees apply will apply)

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Please complete the following for our records and bring to your appointment.

Title: _______ **Given name:** __________________ **Surname:** ______________________

Address:____

Suburb: ____ **State:** ___________

Date of Birth: _______________

Contact details

Home: ________________ **Work:** _________________ **Mobile:** ___________________

Email:____

Next of Kin contact details

Mobile: ___________________ Home: ___________________

Emergency Contact details (must be different than N.O.K)

Mobile: ___________________ Home: ___________________

Name and Address of referring Doctor:

____

Name and address of your GP (if different to referring Dr) GP:

____

Referrals

Please ensure that you have a valid referral made out to Dr Caroline Foreman from your Doctor this will ensure your will receive a Medicare Rebate without this referral you will be out of pocket the full amount.

Referrals are only valid for **12** months from the date of the **1st** appointment when referred by a GP and valid for **3 months ONLY** when referred by a specialist.

By signing this form you are confirming you understand ALL your responsibilities and requirements to fulfil your appointment.

Signature……………………………………………………………… Date ………………………………………………………….

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You have been referred to see Dr Caroline Foreman, and Allergy/Immunology specialist.

Please complete the following to make the most of your time in the consultation. You may wish to ask your GP for a medical summary including medications and conditions to refer to.

Your Name ____________________________

Medical History

List all other known medical conditions (past or current) or prior procedures.

1
2
3
4
5
6
7
8

Do you have any of the following? T*ick all that apply*

	Yes	No	Not sure	Comments
Eczema	☐	☐	☐	
Asthma	☐	☐	☐	
Rhinitis (hay fever)	☐	☐	☐	
Urticaria (hives)	☐	☐	☐	
Allergy to stings	☐	☐	☐	
Food allergy *list below*	☐	☐	☐	
Drug allergy *list below*	☐	☐	☐	

Allergies

Please list any potential food or drug allergies

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Medications & Supplements

Please list all your current medications (*please include nonprescribed medications & vitamins*)		

Smoking / Alcohol

Have you ever smoked? Y/N When did you Stop?__________

If yes how much did/do you smoke per day?_____________________________________

Do you drink alcohol? Y/N

If yes, how often and how much?_______________________

General Health

Please answer the following about your general health.	Yes	No	Comments
Constitutional symptoms:			
• Have you had recent weight change?	☐	☐	___________
• Change in appetite?	☐	☐	___________
• Weakness fatigue, chills?	☐	☐	___________
• Fevers?	☐	☐	___________
• Sweats?	☐	☐	___________
Respiratory symptoms			
• Chronic cough?	☐	☐	___________
• Shortness of breath with exertion?	☐	☐	___________
• Wheezing?	☐	☐	___________
• Coughing up blood?	☐	☐	___________
Gastrointestinal symptoms			
• Constipation?	☐	☐	___________
• Diarrhoea?	☐	☐	___________
• Blood per rectum?	☐	☐	___________
Musculoskeletal			
• Painful or stiff joints ?	☐	☐	___________
• Red or swollen joints?	☐	☐	___________
• Do your fingers ever become painful and turn white or blue in the cold?	☐	☐	___________
• Muscle wasting	☐	☐	___________
• Muscle weakness	☐	☐	___________
Skin			
• Do you get any rashes?/ skin colour changes	☐	☐	
• Swelling?	☐	☐	___________
Neurological			
• Weakness numbness or clumsiness in arms or legs?	☐	☐	___________

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Family History

Is there any family history of the following? *Tick and describe as appropriate*				
	Mother	**Father**	**Siblings**	**Other**
Asthma				
Eczema				
Hay Fever (allergic rhinitis)				
Drug allergies				
Food allergies				
Autoimmune disease?				
Other				

What do you hope to achieve from your allergy/immunology appointment today?

Further information:

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Antihistamines	Commercial	Withholding period (days)
Brompherniramine	Demazin, Dimetapp	5
Cetirizine	Alzene, CEtrelief, ZepAllergy, Zilarex, Zodac, Zyrtec	4
Chlorpheniramine	Codral, Demazin, Dimetapp, Logicin, Sudafed, Sinutab	4
Cyproheptadine	Periactin	4
Desloratidine	Aerius	4
Dexchlorpheniramine	Polaramine	4
Diphenhydramine	Benadryl, Paedamin, Snuzaid, Unisom, Sleepgels	2
Doxylamine	Dolased, Codagesic, Codalgin, Dimetapp, Dozile, Fiorinal, Maxydol, Mersyndol, Panalgesic, Restavit, Tensodeine	2
Fexofenadine	Allerfexo, Fexo, FExal, Fexorelief, Fexotabs, Tefodine, Telfast, Xergic	4
Levocetirizine	Xyzal	4
Loratidine	Alledine, Allerdyne, Allereze, Claratyne, Lorando, Lorapaed, Lorastyne	10
Pheniramine	Avil	4
Promethazine HCL	Allersoothe, Avomine, Phenergan, Fenezal	4
Trimeprazine	Vallergan	2
Triprolidine	Codral, Sudafed	1
H2 antagonists (for Stomach		
Cimetidine	Magicul, Tagamet	1
Ranitidine	Ausran, Rani-2, Ranital, Ranoxyl	1
Famotidine	Ausfam, Famohexal, Pamicid, Pepcidine, Pepzan	1
Antidepressants/pain relief		
Amitriptyline	Endep	4 – discuss with doctor first
Mirtazepine	Avanza, Remeron	4 – discuss with doctor first