

Thank you for choosing the Great Lakes Allergy & Asthma Center for your health care needs! We have scheduled an appointment for you with Dr. Peter Ranta on the above date for an initial evaluation.

#### TO DO BEFORE YOUR VISIT

- Please fill out the enclosed forms and bring them with you when you come.
- Bring all of your insurance cards with you. Bring a Photo ID card (Driver's License, etc.)
- Bring all of your medications with you.
- Please call our office to confirm your appointment by the close of business the day before your appointment.
- Please ask your doctor to mail (or send with you) any medical information, tests, or recent X-ray or CT reports that might be helpful.

## **MEDICATIONS TO HOLD** (they may interfere with skin testing)

- For at least 7 days before your appointment, please do not take any:
  - "Anti-histamines"
  - "Cold," "Allergy," "Cough," or "Sinus" medications
  - Please see the attached lists for medications which must be stopped.
- Continue all of your asthma medications, antibiotics, and other medications.
- Please remember to eat and drink as you normally would before your appointment.
- Exception: If you have severe hives or itching, continue to take your anti-histamines.

### REGARDING PAYMENT

All co-pays and deductibles are due at the time of your visit with us.

### METHOD OF PAYMENT

We accept cash (U.S. dollars), checks (Michigan), MasterCard and Visa (including Debit Cards).

Note: We do not accept Starter checks (checks without a name), Out-of-state Checks, or Canadian cash or checks.

## **SPECIAL CIRMCUMSTANCES**

We realize that sometimes it is difficult to pay your balance immediately. If problems arise, contact our Billing Manager as soon as possible to arrange an appropriate plan.

## **DIRECTIONS**

The Great Lakes Allergy & Asthma Center is located at 309 W. 12th Avenue, Suite 101.

It is in the "12<sup>th</sup> Avenue Professional Building" located on West 12<sup>th</sup> Avenue, 2 blocks West of the Dairy Queen traffic light from the I-75 Business Spur.

#### TIME REQUIREMENT

The initial evaluation usually requires several hours to complete, so please arrange your schedule appropriately.

- Please remember that even if you are self-referred, you need a primary care physician. We will send information to him or her so that we can work together for your best medical care.
- If you are unable to keep your appointment or are going to be running late, please call and notify us at (906) 253-0400 as far in advance as possible. Thank you and we look forward to seeing you!

Sincerely yours,

Scheduling Secretary

Great Lakes Allergy and Asthma Center, P.C.

(rev. 8/18)

## ANTI-HISTAMINES (Tablets, Chewables, Syrup, Nose sprays, and Eye drops)

Brand Names         Brand Names         Brand Names           Actifed® [OTC]         Elestat®         Tusstat® [OTC]           Alavcrt® [OTC]         Fmadine®         Twilite® [OTC]           Aler-Dryl® [OTC]         Hayfedrol® [OTC]         Ultrabrom®           Alker_Bryl® [OTC]         Histatct® [OTC]         Ultrabrom®           Allerga®         Hydramine® [OTC]         Unisom® SteepGels [OTC]           Allered [OTC]         Hydramine® Cough [OTC]         Zaditor [OTC]®           Aller-Chlor® [OTC]         Hydramine® Cough [OTC]         Zaditor [OTC]®           Allerest® [OTC]         Hyrexin-50® [OTC]         Zaditor [OTC]®           AllerMax® [OTC]         Klerist-Dæ [OTC]         Azatadine           Analex® [OTC]         Klerist-Dæ [OTC]         Azatadine           Astelin®         Lodrane®         Azatadine           Astelin®         Marczine® [OTC]         Azatadine           Banophen® [OTC]         Nyoli® [OTC]         Azatadine           Benadryl® Allergy [OTC]         Nyoli® [OTC]         Cctirizine           Benadryl® Dye-Free Allergy [OTC]         Nyoli® [OTC]         Chlorpheniramine           Benadryl® Gel Extra Strength [OTC]         Optimine®         Cyelizine           Benadryl® Ligetion         Optimine®         Cyeli	Duard Names	Duand Names	Duand Names
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Alar-Dryl® [OTC]         Genahist® [OTC]         Tylenol Allergy Sinus [OTC]           Alka-Seltzer® Plus Cold [OTC]         Histalet® [OTC]         Ultrabrom®           Allent®         Hydramine® [OTC]         Vistaril®           AllertDlor® [OTC]         Hydramine® Cough [OTC]         Zaditor [OTC]®           Allerest® [OTC]         Hydrate®         Zyrtec®           Allerest® [OTC]         Hydrate®         Zyrtec®           AllerMax® [OTC]         Klerist-D® [OTC]         Zyrtec®           Anthist-I®         Livostin®         Zyrtec®           Astelin®         Lodrane®         Generic Names           Astelin®         Marczinc® [OTC]         Azatadine           Banophen® [OTC]         Nydul         Azatadine           Benadryl® Allergy [OTC]         Nydul         Azatadine           Benadryl® Gel Extra Strength [OTC]         Nytol® [OTC]         Brompheniramine           Benadryl® [OTC]         Patadayl® Gel Extra Strength [OTC]         Optivar™         Cyclizine           Bonice® [OTC]         Patanase®         Dexchlopheniramine           Bromfed® [OTC]         Patanase®         Dexchlopheniramine           Bromfed® [OTC]         Patanase®         Diphenhydramine           Claritus® [OTC]         Pencerane         Ketotifen			
Alka-Seltzer® Plus Cold [OTC]			
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Allert®   Hydraminc® Cough [OTC]   Zaditor [OTC]®   Aller-Chlor® [OTC]   Hydrate®   Zyrtec®   Aller-Chlor® [OTC]   Hyrexin-50® [OTC]   AllerMax® [OTC]   Lofed®   Anaplex® [OTC]   Klerist-D® [OTC]   Klerist-D® [OTC]   Antihist-1®   Livostin®   Azatadine   Azatadine   Azatadine   Banophen® [OTC]   Nolahist® [OTC]   Azatadine   Brompheni® [OTC]   Chlorphenimanine   Cetirizine   Cetirizine   Cetirizine   Cetirizine   Cetirizine   Chlorphenimanine   Optimar®   Cyproheptadine   Clemastine   Cyproheptadine   Clemastine   Cyproheptadine   Dromphed® [OTC]   Patanase®   Dexchlorphenimanine   Dex			1 2 3
Aller-Chlor® [OTC] Hydrate® Zyrtec® Allerset® [OTC] Hyrexin-50® [OTC] AllerMax® [OTC] Iofed® Anaplex® [OTC] Klerist-D® [OTC] Anthist-1® Livostin® Astelin® Lodrane® Generic Names Atarax® Marezine® [OTC] Azelastine Banophen® [OTC] Nolahist® [OTC] Azelastine Banophen® [OTC] Nyquil Brompheniramine Benadryl® Allergy [OTC] Nyquil Brompheniramine Benadryl® Gel [OTC] Nytol® Maximum Strength [OTC] Cetrizine Benadryl® Gel Extra Strength [OTC] Nytol® Maximum Strength [OTC] Celmastine Benadryl® Gel Extra Strength [OTC] Patanol® Cyclizine Boninc® [OTC] Patanol® Dexchlorpheniramine Bromfed® [OTC] Patanol® Dimenhydrinate Bromfenex® PBZ® Diphenhydramine Bromfenex® PBZ® Diphenhydramine Clarincx® Periactin® Hydroxyzine Clarincx® Periactin® Hydroxyzine Clarincs® Periactin® Levocabastine Chlor-Trimeton® [OTC] Pseubrom® Loratadine Chlor-Trimeton® [OTC] Reactine® [OTC] Phenergan® Ketotifen Chlor-Amine® [OTC] Pseubrom® Loratadine Chlor-Trimeton® [OTC] Reactine® [OTC] Phenergan® Levocabastine Codimal® [OTC] Reactine® [OTC] Cantace® Pere Cold and Flu [OTC] Siladryl® Allergy [OTC] Phenindamine Promethazine Compoz® Nighttime Sleep Aid [OTC] Siladryl® Allergy [OTC] Trimeton® [OTC] Sominex® Maximum Strength [OTC] Tavist® Issuns Allergy [OTC] Diphen® AF[OTC] Sominex® Maximum Strength [OTC] Tavist® Issuns Allergy [OTC] Triminion® [OTC] Tavist® Issuns Allergy [OTC] Triminion® [OTC] Triminion			
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Antihist-1® Livostin® Lodrane® Generic Names  Atarax® Marezine® [OTC] Azatadine  Banophen® [OTC] Nolahist® [OTC] Azelastine  Benadryl® Allergy [OTC] Nyoull Brompheniramine  Benadryl® Obye-Free Allergy [OTC] Nytol® (OTC] Cetirizine  Benadryl® Gel [OTC] Nytol® (OTC] Cetirizine  Benadryl® Gel Extra Strength [OTC] Optimine® Celestra Strength [OTC]  Benadryl® Injection Optivar™ Cyclizine  Bonine® [OTC] Pataday® Cyproheptadine  Broffed® [OTC] Patanol® Dimenhydrinate  Bromfenex® PBZ® Dimenhydrinate  Bromfenex® PBZ® Dimenhydramine  Claritins® [OTC] Phenergan® Ketotifen  Claritins® [OTC] Phenergan® Ketotifen  Chlorafed® [OTC] Phenergan® Levocabastine  Chlorafed® [OTC] Reactin® [OTC] Compoz® Nighttime Sleep Aid [OTC] Sinderow [OTC] Siladryl® Allergy [OTC]  Contac® Severe Cold and Flu [OTC] Siladryl® Allergy [OTC]  Dallergy® JR Sleep Mail [OTC] Sominex® Maximum Strength [OTC]  Diphen® AF[OTC] Tavist® —  DiphenNet Cough [OTC] Tavist® —  Diramamine® [OTC] TripTone® [OTC]  Diphammine® Loss Drowsy Formula  [OTC] TripTone® [OTC]  TripTone® [OTC] TripTone® [OTC]  Dramamine® Less Drowsy Formula  [OTC] TripTone® [OTC]  TripTone® [OTC] TripTone® [OTC]			
Astelin®   Lodrane®   Marezine®   OTC]   Azatadine   Banophen® [OTC]   Nolahist® [OTC]   Azelastine   Benadryl® Allergy [OTC]   NyQuil   Brompheniramine   Benadryl® Dye-Free Allergy [OTC]   Nytol® [OTC]   Cetirizine   Benadryl® Gel [OTC]   Nytol® [OTC]   Cetirizine   Benadryl® Gel [OTC]   Nytol® Maximum Strength [OTC]   Chlorpheniramine   Benadryl® Gel Extra Strength [OTC]   Optimine®   Cyclizine   Benadryl® Injection   Optivar™   Cyclizine   Bonine® [OTC]   Pataday®   Cyproheptadine   Bromfed® [OTC]   Patanol®   Dexchlorpheniramine   Bromfed® [OTC]   Patanol®   Dimenhydrinate   Bromfenex®   PBZ®   Dimenhydrinate   Bromfenex®   PBZ®   Diphenhydramine   Children's Tylenol® Cold [OTC]   PBZ-SR®   Fexofenadine   Claritin® [OTC]   Phenergan®   Ketotifen   Claritin® [OTC]   Polaramine®   Levocabastine   Chlorafed® [OTC]   Pseubrom®   Loratadine   Chlorafed® [OTC]   Reactine® [OTC Canada]   Olopatadine   Chlorafod® [OTC]   Reactine® [OTC Canada]   Olopatadine   Codimal® [OTC]   Reactine® [OTC]   Phenindamine   Compoz® Nighttime Sleep Aid [OTC]   Siladryl® Allergy [OTC]   Phenindamine   Contac® Severe Cold and Flu [OTC]   Siladryl® Allergy [OTC]   Dallergy® JR   Sleepinal® [OTC]   Diphen® AF[OTC]   Sominex® Maximum Strength [OTC]   Diphen® AF[OTC]   Tavist® - I Diphen® Cough [OTC]   Tavist® - I Dramamine® Less Drowsy Formula   OTC]   TripTone® [OTC]   Thera-Flu® Flu and Cold [OTC]   Dramamine® Less Drowsy Formula   OTC]   TripTone® [OTC]   TripTone® [OTC]   Dramamine® Less Drowsy Formula   TripTone® [OTC]	· -	- 3	
Atarax® Marezine® [OTC] Azatadine Banophen® [OTC] Nolahist® [OTC] Azelastine Benadryl® Allergy [OTC] Nyol® [OTC] Cetrizzine Benadryl® Gel [OTC] Nytol® [OTC] Cetrizzine Benadryl® Gel [OTC] Nytol® Maximum Strength [OTC] Chlorpheniramine Benadryl® Gel [OTC] Nytol® Maximum Strength [OTC] Chlorpheniramine Benadryl® Gel Extra Strength [OTC] Optimine® Clemastine Benadryl® Injection Optivar™ Cyclizine Benadryl® [OTC] Pataday® Cyproheptadine Broffed® [OTC] Patanol® Dexchlorpheniramine Bromfed® [OTC] Patanol® Dimenhydrinate Bromfenex® Patanol® Dimenhydrinate Bromfenex® PBZ® Diphenhydramine Clarinex® Periactin® Hydroxyzine Claritin® [OTC] Phenergan® Ketotifen Clarinex® Periactin® Hydroxyzine Claritin® [OTC] Phenergan® Levocabastine Chlor-Amine® [OTC] Peubrom® Loratadine Chlor-Irrimeton® [OTC] Reactine® [OTC] Canada] Olopatadine Codimal® [OTC] Reactine® [OTC] Canada] Codimal® [OTC] Reactine® [OTC] Phenindamine Compoz® Nighttime Sleep Aid [OTC] Siladryl® Allergy [OTC] Promethazine Contac® Severe Cold and Flu [OTC] Co-Pyronil® [OTC] Siladryl® Allergy [OTC] Dilphen® AF[OTC] Sominex® Maximum Strength [OTC] Diphen® Cough [OTC] Tavist® Diphenhist [OTC] Tavist® Diphenhist [OTC] Tavist® Diphenhist [OTC] Tavist® Diphennine® Cough [OTC] Tavist® Diphennine® Cough [OTC] Tavist® Diphennine® Less Drowsy Formula [OTC] TripTone® [OTC] TripTone® [OTC] TripTone® [OTC] TripTone® [OTC] TripTone® [OTC]			Canaria Namas
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Benadryl® Injection OptivarTM Cyclizine Bonine® [OTC] Pataday® Cyproheptadine Brofed® [OTC] Patanase® Dexchlorpheniramine Bromfed® [OTC] Patanol® Dimenhydrinate Bromfenex® PBZ® Diphenhydramine Children's Tylenol® Cold [OTC] PBZ-SR® Fexofenadine Clarinex® Periactin® Hydroxyzine Claritin® [OTC] Phenergan® Ketotifen Chlo-Amine® [OTC] Polaramine® Levocabastine Chlorafed® [OTC] Pseubrom® Loratadine Chlorafed® [OTC] Pseubrom® Loratadine Chlorafed® [OTC] Reactine® [OTC Canada] Olopatadine Codimal® [OTC] Reactine® [OTC] Phenindamine Compoz® Nighttime Sleep Aid [OTC] Rondec® Promethazine Contac® Severe Cold and Flu [OTC] Siladryl® Allergy [OTC] Tripelennamine  Co-Pyronil® [OTC] Sinutab® Sinus Allergy [OTC] Dallergy® JR Sleepinal® [OTC] Diphen® AF[OTC] Sominex® [OTC] Diphen® AF[OTC] Tavist® Diphenhist [OTC] Tavist® Diphenhist [OTC] Tavist® Diphenhist [OTC] Tavist® Diphenhist [OTC] Tavist®-1 Dramamine® Cough [OTC] Thera-Flu® Flu and Cold [OTC] Dramamine® Less Drowsy Formula [OTC] TripTone® [OTC]	2 2	2 2 3	
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Comtrex® Allergy-Sinus [OTC] Contac® Severe Cold and Flu [OTC] Co-Pyronil® [OTC] Silphen® [OTC] Sinutab® Sinus Allergy [OTC] Dallergy® JR Sleepinal® [OTC] Dimetapp® [OTC] Sominex® [OTC] Diphen® AF[OTC] Sominex® Maximum Strength [OTC] Diphen® Cough [OTC] Diphenhist [OTC] Tavist® Diphenhist [OTC] Dramamine® [OTC] Tripanamine® Less Drowsy Formula [OTC] TripTone® [OTC] TripTone® [OTC]			
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Co-Pyronil® [OTC]  Dallergy® JR  Sleepinal® [OTC]  Dimetapp® [OTC]  Diphen® AF[OTC]  Diphen® Cough [OTC]  Diphenhist [OTC]  Dramamine® [OTC]  Dramamine® Less Drowsy Formula  [OTC]  Sinutab® Sinus Allergy [OTC]  Sominex® IOTC]  Sominex® Maximum Strength [OTC]  Tavist®  Tavist®-1  Thera-Flu® Flu and Cold [OTC]  Triaminic® [OTC]  Triaminic® [OTC]  TripTone® [OTC]			1
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Diphen® Cough [OTC]  Diphenhist [OTC]  Dramamine® [OTC]  Dramamine® Less Drowsy Formula  [OTC]  Tavist®  Tavist®-1  Thera-Flu® Flu and Cold [OTC]  Triaminic® [OTC]  TripTone® [OTC]			
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Dramamine® Less Drowsy Formula Triaminic® [OTC] [OTC] TripTone® [OTC]	Diphenhist [OTC]	Tavist®-1	
Dramamine® Less Drowsy Formula Triaminic® [OTC] [OTC] TripTone® [OTC]	1	Thera-Flu® Flu and Cold [OTC]	
[OTC] TripTone® [OTC]			
Drivoral ®[OTC] Tussioney®		TripTone® [OTC]	
Dirkotal @[OTC] Tussionex®	Drixoral ®[OTC]	Tussionex®	

Note: Any 'Cold', 'Allergy', 'Cough', or 'Sinus' over-the-counter medication will likely have anti-histamines.

1	Great Lakes Allergy & Asthma Center, P.C.
1	

# **Patient Correspondence Information**

		Patient's Name:
	2	Date of Birth:
1.		whom we may inform about laboratory and X-ray results, appointments, prescription drugs, or other health care rents, grandparents, etc.
	Name:	Phone #: ()
	Name:	Phone #: ()
		Phone #: ()
2.		would like your billing statement and/or correspondence from our re would use this to notify you for emergency cancellations.
	Address:STREE	ET/ P.O. BOX
		E ZIP CODE E-MAIL
3.	voice mail?	If yes, Phone #: () * I am fully aware that a cell phone is not a secure and private line.*
4.	To optimize the patient's health care, we patient with the patient's Primary Care	we share information (labs, X-rays, etc.) concerning the Physician.
	Primary Care Physician:	
	Address:	City, State, Zip
	Phone #: ()	
5.	I authorize my insurance benefits to be am financially responsible for charges insurance plan to be non-covered or	dered to me at Great Lakes Allergy and Asthma Center, P.C. be paid to the Great Lakes Allergy and Asthma Center, P.C. I realize that I is not covered by this assignment, services which may be considered by my included in another service, or charges for services with an appropriate care physician when required by my insurance.
	may result in additional charges being manual processing. The missed appounderstand that this will result in appointment charges, and collection	sep an appointment and/or failure to promptly resolve my account balance added to my account. A late charge of \$20 covers the cost of re-billing and ointment charge is \$20. If my account is sent to a collection agency, I additional charges being added to my account. Late charges, missed agency charges are not covered by my insurance carrier and are my elease of any pertinent medical information to insurance carriers.
	Patient/ Parent or Guardian Signature:	Date:

Peter M. Ranta, M.D., 309 W. 12th Ave., Suite 101, Sault Ste. Marie, MI 49783 Ph: (906) 253-0400



# **New Patient Questionnaire**

Asthma Cente	er, P.C.	Patient Name	:		
The same		Date of Birth	:		
		Parent's name	e (if child):		
REGULAR PHYSICIAN PHYSICIAN'S ADDRES	SS:				
OTHER PHYSICIANS Y	OU SEE:				
WHAT IS THE MOST I	MPORTANT PRO	<b>DBLEM:</b> (Ple	ase describe)		
Other symptoms that bother	er you: (Please descr				
Have you noticed things the Have you noticed things the	at make this proble	m better? m worse?			
MEDICATIONS: (Please Medications D		n Med	lications	st below or attach yo <b>Dose Hov</b>	v often
ENVIRONMENT: Please Check everything the					
Age of Home: years	oldWood _	Brick	Modular	Mobile home	Apartment
Does your home have mole If yes for mold, wh				ws Ceiling O	ther:
Flooring found in your hor Foundation of your house: In your bedroom, do you h	Basement	Crawls	pace Slab		Laminate
Indo	oor Wood Stove	Outdoo	or Wood Stove	Electric Baseboard	Fuel Oil
Do you have: Hur How many Pets: Indo	nidifier	Dehun loor Dogs	nidifier Indoor Cats	Outdoor Cats _	Birds
Do you Smoke?Yes	Lauit emol	zing what ve	ar?		
Do any family members sr	noke?Yes	No; If yes, w	rho smokes?	Indoors	Outdoors
Peter M. Ranta, N	1.D., 309 W. 12 <sup>th</sup> Ave	e., Suite 101, S	ault Ste. Marie, M	II 49783 Ph: (906) 253	-0400

<b>DIET:</b> Any Food All								
Describe any Currently on s	reactions to special diet?	foods:Yes	No	Describe:				
PAST MEDI	CAL HIST	ORV:						
Have you eve		-	r? Yes	No	Name of A	Allergy docto	or:	
Have you eve	r been on all	lergy shots?	Yes	No	If yes, fo	or how man	y years?	
Any Medicati								
Insect sting re	eactions: (Pl	lease descril	pe)					
Immunization List other Med								
List previous	Surgeries: _							
Previous injur	ries to nose?	Yes	No					
FAMILY HI Please Circle				nemhers:				
Trease Circle	Father	Mother	Brother	Sister	Son	Daughter	Grand- father	Grand- mother
Asthma	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Nose allergies	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Eczema	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Frequent serious infections	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Swelling lips, tongue	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Hives	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Lupus	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Thyroid disease	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
SOCIAL HIS Who lives at I Patient's occu Grade in scho Attends day-c	nome? pation: ol					lays a week'	?	
-			-	- 1	-			

Peter M. Ranta, M.D., 309 W. 12<sup>th</sup> Ave., Suite 101, Sault Ste. Marie, MI 49783 Ph: (906) 253-0400