Stanford HEALTH CARE
STANFORD MEDICINE

Allergy Immunodeficiency Clinic | Boswell Building
300 Pasteur Drive, 1st Floor, A11, Stanford, CA 94305 | 650-723-6961

Below you will find helpful information about our clinic. Please take a few moments to review the contents.

Test Results

If you are having your labs done outside of the Stanford Network, Please ask your lab to **fax the results to 650-320-9443**.

Appointments/Cancellation

Please allow plenty of time to find your way to Stanford as there is construction going on all around the campus due to the Stanford Renewal Project. A map is enclosed for your convenience.

You must bring the following with you to your appointment.

- ***New Patient Questionnaire Form (enclosed) (Please have this completed prior to your arrival to avoid any delay)***
- Arrange for copies of pertinent Medical Records, tests, or x-rays to be faxed to our office at **650-320-9443**
- Bring any medications, diaries which you have kept at home, or asthma related tools, such as peak flow meters or spacers.

Prepare for your Appointment

- For your first visit, please arrive **15 minutes** before your appointment.
- Please allow **1 ½ -2 hours** for the initial visit.
- Please stop all antihistamine containing products at least **5 days** in advance (a list of common antihistamines is enclosed).
- You may be evaluated initially by a physician-in-training under the direct supervision of a faculty member.

If you need to reschedule your appointment, please call the clinic **48 hours** in advance at **650-723-6961** so that we may do our best to accommodate other patients. You will also be contacted via an automated system to confirm your appointment, please listen to the entire message as it's contains valuable information including the ability to respond yes or no to confirm or cancel your appointment.

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Stanford Health Care Visitor Map

LEGEND

- Visitor Parking
- Valet Parking
- Tram Stop
- Pedestrian Route & Crosswalks
- Construction Zone
- Emergency Department

ORCHARD
ARBORETUM
Nordstrom
SAND HILL RD
VINEYARD LN
770
750
780
730
California Cafe
700
Tootsie's Cafe
800
WELCH RD
777
801
900
Lucile Packard Children's Hospital Stanford
Lucile Packard Children's Hospital Expansion
SAND HILL RD
WELCH RD
875 Blake Wilbur Drive
QUARRY RD
1000
900 Blake Wilbur Drive
1100-1180
Stanford Hospital Construction
Steam Plant Construction
Emergency Department
PASTEUR DR
Pasteur Visitor Garage
KAPLAN DR
Stanford Hospital
CAMPUS DR
300 Pasteur Drive
RD
ROTH WY
Stanford School of Medicine
CAMPUS DR
CAMPUS DR
PANAMA ST
VIA ORTEGA

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Visitor Parking

Pasteur Garage A (Self-Parking)
Note: This is an underground garage

- Serves: Stanford Hospital, Boswell Clinic
- Garage Hours: Open 24 hours a day
- Location: Underground at 200 Pasteur Drive
- Rates:
  - First Hour-Free
  - 1-2-$2
  - 2-3-$3
  - 3-4-$4
  - 4-5-$6
  - 5-6-$7
  - 6-7-$8
  - 7-8-$10
  - Daily Maximum-$12

300 Pasteur Drive Main Hospital (Valet Parking)

- Serves: Stanford Hospital, Boswell Clinic
- Valet Hours: 5:30am to 5:30pm*, Monday- Friday
- Location: 300 Pasteur Drive
- Valet Rates:
  - First Hour-Free
  - 1-8 Hours-$10
  - 8+ Hours-$15

875/900 Blake Wilbur Drive (Valet Parking)

- Serves: Blake Wilbur Drive, Stanford Cancer & ASC
- Valet Hours: 5:30am to 7:30pm*, Monday- Friday
- Location: 875 Blake Wilbur Drive
- Valet Rates:
  - First Hour-Free
  - 1-8 Hours-$12
  - 8+ Hours-$15

Emergency Department (Valet Parking)

- Serves: Emergency Department, Main Hospital
- Valet Hours: 24 hours, Daily
- Location: 900 Quarry Road, Extension

***For after-hours pick up, visit the valet booth or call the Security Office at (650) 723-7222**
*** Cash and all major credit cards accepted for Self-parking and Valet Parking.**

Tram Service

Tram Service is a free door-to-door shuttle service available to Stanford Healthcare Patients and visitors between the Pasteur Visitor Garage, the Main Hospital and Blake Wilbur Drive.

Trams arrive approximately every 5 to 7 minutes. Visit the Tram stop where a Guest Services representative can assist you or call the Tram Line at (650)898-7742 for additional services.

Tram Hours

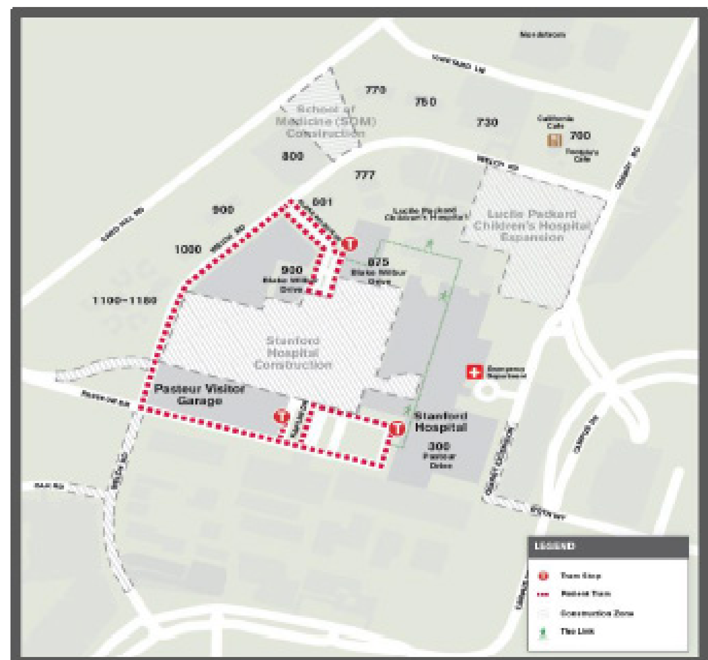
6am-8:45pm, Monday- Friday
9am-5:30pm, Saturday & Sunday

300 Pasteur Drive

- Stanford Hospital
- Boswell Clinic
- Main Hospital Valet

875/900 Blake Wilbur Drive

- Cancer Center
- Ambulatory Surgery Center
- Advance Medicine Center
- Blake Wilbur Clinic
- Blake Wilbur Valet



Tram Request Line

☎ 650-898-7742

Guest Services

☎ 650-498-3333

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List of antihistamine-containing medications

The following medications will interfere with allergy skin testing and should not be taken before your allergy visit.
Please check with us if you have any questions. Do not stop any medications if they are not on this list.

Please stop these medications for at least 5 days before your visit:

Alavert	Allegra	Cetirizine
Claritin	Clarinex	Fexofenadine
Loratidine	Loradamed	Xyzal
Zyrtec		

Please stop these medications for 3 days before your visit:

Acrivastine	Deconamine	PBZ-SR and PBZ
Actidil	Dimetane	Pediacare 2 & 3
Actifed	Diphenhydramine	Periactin
Alka-Selzer Plus Cold	Dristan Advanced	Phenergan
Allerest	Extendryl	Phenidamine
Astemizole	Formula	Polaramines
Atarax	Drixoral	Promethazine pyrilamine
Atrohist	Doxipin	Rondec
Azelastine	Dura Tap-PD	Rutuss
Benadryl	Formula 44 Cough Syrup	Rynatan
Bromfed	Hydroxyzine	Sinulin
Chlor-Trimeton	Isoclor	Sudafed Plus
Chlorpheniramine	Krofed	Tavist, Tavist-1, Tavist D
Codimal DH syrup	Mathscopolamine	Triaminic Preparations
Comtrex	Naldecon Products	Trinalin
Contac	Novafed A	Tussionex
Cotylenol Cold Formula	Novahistine DH	Tylenol Allergy/Tylenol Cold/Tylenol Flu
Cyproheptadine	Nyquil Cold Medicines	
Nasal sprays: Astelin Nasal Spray	***Patanase Nasal Spray***	Tylenol PM
	Dymista Nasal Spray	Vistaril

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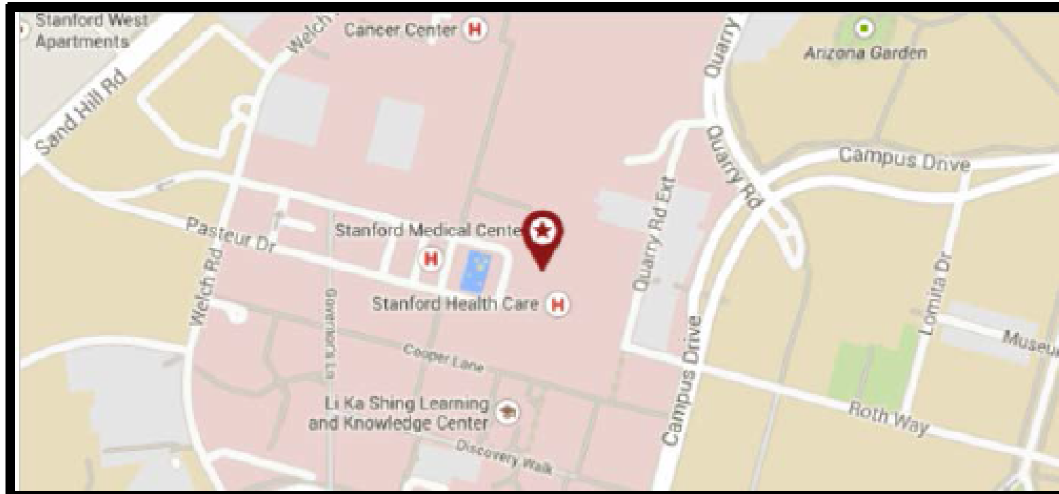

Driving Directions:

From Bayshore US Highway 101 North or South

- *Exit Embarcadero Road West*
- *Follow Embarcadero Road for about two miles*
- *Cross El Camino Real (Embarcadero Road becomes Galvez Street)*
- *Turn right on Arboretum Road*
- *Turn left on Quarry Road*
- *Turn right on Welch Road*
- *Turn left on Pasteur Drive*
- *The Pasteur Visitor Garage is the first driveway on your left (please note the parking garage is underground)*
- *Continue straight for valet parking*

From Highway 280 North or South

- *Exit Sand Hill Road East*
- *Follow Sand Hill Road for about 2.5 miles*
- *Turn right on Pasteur Drive*
- *Cross Welch Road*
- *The Pasteur Visitor Garage is the first driveway on your left (please note the parking garage is underground)*
- *Continue straight for valet parking*

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Name of patient:	Date completed:
Referring Doctor:	
Referring Doctor's phone number:	
Briefly describe the reason for your visit:	

1. Are you taking any medication? □ No □ Yes
   If **yes**, please list all current medications

Medication	Dose	How often	Reason	When started
1.				
2.				
3.				
4.				
5.				
6.				
7.				

2. Have you stayed in a hospital overnight or had any surgeries? □ No □ Yes

Date	*Reason*
1.	
2.	
3.	
4.	

3. Medical History – Have you had problems with any of the following:

In Childhood:	**No**	**Yes**	If yes, please describe
Prematurity	□	□	
Frequent colds	□	□	
Itchy red eyes	□	□	
Sinus infections	□	□	# in past year______
Sinus surgery	□	□	
Frequent nosebleeds	□	□	
Nasal polyps	□	□	
Runny nose, sneezing, stuffiness	□	□	
Frequent headaches	□	□	
Frequent ear infections	□	□	# in past year ______
Tonsils/adenoids removed	□	□	
Frequent cough	□	□	
Wheezing/asthma	□	□	
Eczema	□	□	
Hives/swelling	□	□	

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4. Family History - Does anyone in your family have any of the following:

	Asthma	Allergies	Eczema	Hives or swelling	Anaphylaxis	Immuno-deficiency	Frequent infections	Arthritis	Tuberculosis	Other
Mother										
Father										
Brothers or sisters										
Grandparents										
Cousins										
Aunts or Uncles										

5. Social and Environmental History

1. You type of work:
2. Your spouse's type of work:
3. Type of home: Age of home: How long have you lived there?
4. Are there any areas of water damage or mold growth? □ No □ Yes
5. Is there a basement? □No □Yes Number of house plants:
6. Type of heating: □forced air □ baseboard □ electric □ radiator □ kerosene space heater □other:
7. Does the home have any of the following: □Air conditioner □Air cleaner □Humidifier □Dehumidifier
8. Location of carpeting: □ Bedrooms □ Living room □ Den □ Bathroom □ Dining room
9. Household animals/pets:
   - **Cats** □ No □ Yes How many?________ □ Indoors □ Outdoors
   - **Dogs** □ No □ Yes How many?________ □ Indoors □ Outdoors
   - **Guinea pig, rabbit, rat, hamster, mouse, horse, bird: N Y** (circle) □ Indoors □ Outdoors
10. Does your **bedroom** have any of the following:
    □ wall to wall carpeting □ bookcase □ stuffed chair or couch □ stuffed animals □ curtains
    □ feather pillows □ down comforter/blanket

    Is your mattress encased? **N Y** pillow (type): Is it encased? **N Y**
11. Does anyone in the house smoke? □ No □ Yes How many packs per day? _______

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13. General Medical History – Do you have problems with any of the following:

	No	Yes		No	Yes		No	Yes
Frequent fevers	☐	☐	Blue lips, mouth or nails	☐	☐	Swollen or painful joints	☐	☐
Weight loss or poor growth	☐	☐	Chest pain with activity	☐	☐	Thyroid problems	☐	☐
			Heart problems or murmurs	☐	☐	Diabetes	☐	☐
Night sweats	☐	☐	Heartburn	☐	☐	Neurologic problems	☐	☐
Swollen glands	☐	☐	Frequent diarrhea or vomiting	☐	☐	Behavior problems	☐	☐
Frequent/recurrent cough	☐	☐	Liver problems	☐	☐	Seizures	☐	☐
			Kidney or bladder problems	☐	☐	Skin problems or rash	☐	☐
Frequent sore throats	☐	☐	Problems urinating	☐	☐	Anemia	☐	☐
Mouth sores	☐	☐	Muscle or bone problems	☐	☐	Other:	☐	☐

Office Use: "Your signature below indicates that you have reviewed the information contained in the entire questionnaire & that you have reviewed the pertinent or key findings with the patient and/or family. Key findings must be summarized in your progress notes."

Attending MD signature: ____________________________________ Date/time: _______________