



ALLERGY SKIN PRE-TESTING PATIENT INSTRUCTIONS

Please read this entire form

You have been scheduled for allergy skin testing on _____ at _____, in our office. Please allow 1 ½ - 2hrs for the test. Your follow up appointment with Dr. _____ will be on _____ to discuss your test results and treatment plan.

- Please arrive on time to your appointment with your allergy testing packet completely filled out to avoid any cancellations or rescheduling of your appointment.
- **Prior to skin testing you must discontinue any allergy medication: antihistamines for 7 days, this includes: Claritin (Loratadine), Clarinex (Desloratadine), Allegra (Fexofenadine), Zyrtec (Cetirizine), Xyzal (Levocetirizine), Benadryl (Diphenhydramine) , Astelin/Astepro, Patanase and Dymista nasal sprays.**
- You may continue taking your decongestants: Entex La, Deconasal, Sudafed, etc... as well as your nasal steroid sprays: Flonase, Nasonex, Veramyst, Zetonna, Qnsal or Omnaris.
- Stay on your inhalers; **if you are having trouble breathing the day of the allergy test, the appointment will be rescheduled.**
- **You will not be tested if you are using a topical steroid on both arms. You may be tested 7 days after the last application.**
- No large amounts of vitamin C (600mg. max.) for a least 7days prior to the test.
- Eat breakfast or lunch prior to the test and wear a short sleeve shirt.
- If you are taking a sleep aid such as Tylenol PM, Advil PM, Unisom, Sominex, Compoz night time sleeping aid, and Unisom sleep gels maximum strength, they need to be discontinued 3 days prior to the test. They will alter the test results. You may continue taking Ambien or Lunesta.
- Herbal supplements that will affect allergy testing include: Licorice, Green Tea, Saw Palmetto, St. Johns Wort, Feverfew, Milk Thistle, and Astragalus. Discontinue these 7 days prior to the test.
- **If you have a history of Asthma, your allergy testing will be performed in two office visits.**
- **For patient safety, we do not permit children who are not patients in the testing area. Please plan accordingly.**

Most insurance companies cover allergy testing and treatment. Our office will verify your insurance benefits prior to your appointment. Procedure codes: Allergy Testing 95004 and 95024; Allergy Injections 95117 and 95165. Your diagnosis code is 477.9

If you have any further questions, please call our office Monday through Friday from 9:00 am to 5:00pm at (770)427-0368 ext 215.



ALLERGY SKIN TESTING CONSENT

Patient Name: _____ Date: _____

Your physician has suggested an allergy skin test be performed in an attempt to identify specific environmental allergens that may be causing you to suffer from persistent allergic rhinitis. All allergens used in testing contain water extracts of pollens, molds, mites, insects or animal dander to which you may possibly have an allergy to. The allergens can be applied by various testing methods which will be determined by your ENT physician.

MQT method: A set of allergens is applied to your forearms using a device that pricks the superficial layer of skin and simultaneously applies a drop of allergen to the site. The prick sites are measured after 20 minutes and then one single injection of each allergen is applied at a strength that is determined by your prick results. This test will take approximately 45 minutes.

IDT method: Sets of allergens of different strengths are individually injected just beneath the superficial skin layer on your upper arms. Each injection site is measured after 15 minutes to determine how you reacted to each allergen in the set. There are 8 allergens in each set and the number of sets that will be injected will be determined by your skin reaction.

Benefits of Allergy Skin Testing:

- Identification of allergens that are causing persistent allergic rhinitis (hay fever) symptoms
- Ability for your physician to develop a more effective treatment plan

With allergy testing, as with any other procedure that requires substances to be injected into the body, there is the possibility of adverse reactions. These generally are mild and include local reactions or mild systemic reactions. Although rare, more severe systemic reactions are possible. (See below)

Local Reactions (commonly):

- Burning or itching at the injection site
- Swelling or hives at the injection site
- Mild pain and tenderness at the injection site

Mild Systemic Reactions (occasionally):

- Nasal congestion and/or runny nose with itching of ears, nose and or throat and/or sneezing occurring within two hours of the injection.
- Itchy, watery or red eyes

Severe Systemic Reactions include (rarely):

- Wheezing, coughing, shortness of breath and or airway swelling
- Generalized hives (welts)
- Swelling of the tissue around the eyes, the tongue, and or throat
- Stomach or uterine (menstrual-type) cramps
- Abnormalities of the heart beat
- Loss of ability to maintain blood pressure and pulse.
- Death

Patient Initial _____

Allergy Skin Testing Consent

We want to assure you that we place great emphasis on patient safety and overall well being of all those we provide service to and to inform you that we maintain all the necessary equipment, medications and staff who are trained to respond effectively to these types of situations.

Alternatives to Allergy Testing:

- Avoidance
- Medications (antihistamines, nasal steroid spray, others)

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risk of non-treatment, the procedures to be used, and the risks and hazards involved and I believe that I have sufficient information to give this informed consent. I understand that no warranty or guarantee has been made to me as to result or cure.

I do hereby give consent to be skin tested for allergies. I understand that, although rare, severe systemic reactions may result in permanent disability or even death.

I consent and authorize the treatment of any reactions that may occur as a result of an allergy testing.

Patient Signature

Date

Witness Signature

Date

Factors Affecting Skin Testing:

By signing below I acknowledge that I was advised by the staff of The Allergy Center during pre-test counseling of any medications I had been taking that may possibly interfere with the test. I further acknowledge that I have not knowingly taken any medications or preparations that contain: Antihistamines, MAO-Inhibitors, Tricyclic Antidepressants, Vitamin C, Herbal Supplements or the drug Strattera(used to treat ADHD) in the past 7 days.

Patient Signature

Date

Witness Signature

Date



PATIENT ALLERGY QUESTIONNAIRE

Patient Name: _____ Date of Birth: _____

Complete the following section if there is a history of:

NASAL AND EYE SYMPTOMS

Nasal congestion	Sneezing	Post Nasal Drip
Itchy Nose	Itchy Eyes	Watery Eyes
Headache	Ear problems	NONE

Other: _____

When are you symptomatic?	Winter	Spring	Summer	Fall	Year-Round
When are your symptoms worst?	Winter	Spring	Summer	Fall	Year-Round

Suspected or known causes of these symptoms:

Colds	Dust	Odors/Fumes	Cigarette Smoke	
Trees	Weeds	Grass	Mold	Mowing Lawn
Dogs	Cats	Latex	Foods	

Other: _____

Number of Sinus Infections treated in the past year: _____ NONE
History of Nasal Polyps: YES NO

PULMONARY SYMPTOMS

Asthma	Wheezing	Bronchitis	Cough	Shortness of Breath
Chest tightness	Tightness in Throat			

Other: _____

Suspected or known causes of these symptoms:

Colds	Dust	Odors/Fumes	Cigarette Smoke	
Trees	Weeds	Grass	Mold	Mowing Lawn
Dogs	Cats	Latex	Foods	

Other: _____

Number of Colds in the past year: _____ NONE



Patient Name: _____ Date of Birth _____

Have you had any previous reaction to insect bites?

Local reaction at sting site Rash Breathing Problems Other: _____

PREVIOUS ALLERGY EVALUATION:

Have you had any previous allergy testing? YES (if yes continue below) NO
Date Tested: _____ Positive Negative

Positive to: _____

Have you received allergy injections: YES NO
Any adverse reactions? YES NO
Previous injection dates: _____ Last Injection: _____

What prescription and non prescription medications do you take on a regular basis?

What medications relieve your allergy symptoms?

ENVIRONMENTAL HISTORY

Smoking:

Do you presently smoke? YES (if yes continue below) NO
How many cigarettes a day? _____ How long have you been smoking? _____
Have you ever smoked? YES NO
How long did you smoke? _____ When did you stop? _____
Does anyone smoke in your home? YES NO

Do you have any pets or are exposed to pets on a regular basis? YES NO
How many cats? _____ How many dogs? _____

What type of dwelling do you live in?

House Apartment Condo Townhouse Basement Apartment

ALLERGY SKIN TESTING FAQ

1. WHAT IS ALLERGY SKIN TESTING?

Allergy skin testing involves the use of substances that provoke an allergic response or reaction, commonly referred to as allergens. Local area tree, grass, and weed pollens, molds, and animal dander are examples of such substances that are made into what we call allergen extract.

2. HOW IS SKIN TESTING DONE?

Allergen extracts are placed just beneath the surface of the skin for a small period of time. This is done through a series of small injections, which place the allergen extract just beneath the first few layers of skin. Minor discomfort and itching are common during the procedure.

3. WHAT DO THE RESULTS SHOW?

Skin testing is used to diagnose immediate-type hypersensitivity to allergies. This is the most common type of allergic reaction. Such reactions are caused by certain substances in the body, called immunoglobulin E (IgE) antibodies. Antibodies are proteins that fight off foreign invaders. Skin testing is performed to measure the level of IgE antibodies in the blood by provoking a local inflammatory response on the skin. Such responses may include the development of red, raised bumps on the skin surrounded by a red, inflamed area, similar to a mosquito bite. The exact size of the raised area shows how allergic you are to that specific antigen.

4. HOW DOES SKIN TESTING HELP ME?

Skin testing is a simple way to find out what specific substances causing your allergies. By pinpointing the specific allergens causing your symptoms, your doctor can tailor your treatment too specifically to what you are allergic to. Skin testing also provides valuable information about how you body responds to allergens. Such information is helpful in the creation of a treatment plan to keep your allergies under control.

5. HOW DO I PREPARE FOR MY ALLERGY TESTING?

Your doctor will give you a list of medications that must be discontinued one week before your allergy skin testing. If these medications are taken within 7 days prior to testing, the results will not yield accurate results. If you take these medications within 7 days prior to testing, you will be asked to reschedule your testing until a later date. Wear a short sleeve shirt as testing is performed on the upper arms and forearms.

If you have any additional questions, please call our Allergy Department during normal business hours which are 9:00 a.m. to 5:00 p.m. Monday through Friday.



QUESTIONS ABOUT MY ALLERGY TEST

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____