

Preparation for Your Allergy Testing

Your doctor or nurse practitioner has recommended allergy testing in our office. This test will take approximately 30 minutes. You should arrive 15 minutes before your allergy testing appointment to complete a special allergy history form.

In order for the allergy testing to be accurate, you must stop all antihistamine medications 6 days before allergy testing. A list of these medications is included below. Many over-the-counter cold and allergy medications also contain antihistamines, so please avoid these. **Over-the-counter sleep aids and motion sickness pills** must also be stopped 6 days prior to your testing. If you are uncertain if the medication you are taking contains an antihistamine, please check with our office or with a pharmacist.

We reserve the right to charge a no show/ cancellation fee for any appointment that is not rescheduled or cancelled 24 hours in advance.

Over the Counter

Actifed Cold and Allergy
Actifed Cold and Sinus
Allerfrim, Aprodine
Benadryl Allergy/Cold
Benadryl -D Allergy/Sinus
Claritin/Claritin D

Dimetapp Cold and Allergy Elixir
Dimetapp Mult-Symp Cold & Allergy
Drixoral Cold and Allergy
Drixoral Cold & Flu
Traiminic Cold & Allergy

ANY GENERIC OR BRAND OF MEDICATION THAT SAYS "COLD" OR "ALLERGY" ON IT.

Rx Only

Accuhist
Allegra/Allegra-D
AlleRx
Astelin
Astepro
Azatadine
Atarax
Advil PM
Biohist
Bromfenex
Chlorpheniramine
Clarinex/Clarinex-D
Codaprex
Cyproheptadine (Periactin)
Deconamine
Deconamine ST, Chlordine SR
Dimetene-DX
Extendryl

Histussin HC
Phenergan/Dextromethorphan
Phenergan VC
Phenergan VC with codeine
Poly-Histins
Profen Forte
Rondec Syrup, Rondec DM, Rondec oral drops
Rynatan, Ryantan-P
Semprex-D
Tanafed
Train-C, Actifed with codeine
Tussionex
Tylenol PM
Viravan
Vistaril
Xyzal
Zyrtec



Patient Instruction/Consent Form for Allergy Skin Testing

Skin Test: Skin tests are methods of testing for allergic antibodies. A test consists of introducing small amounts of the suspected substance, or allergen, into the skin and noting the development of a positive reaction (which consists of a wheal, swelling, or flare in the surrounding area of redness). The results are read at 20 minutes after the application of the allergen. The skin test method used in our office is the:

Prick Method: The skin is pricked with a needle where a drop of allergen has already been placed.

Interpreting the clinical significance of skin tests requires skillful correlation of the test results with the patient's clinical history. Positive tests indicate the presence of allergic antibodies and are not necessarily correlated with clinical symptoms.

You will be tested to important (location) airborne allergens and possibly some foods. These include, trees, grasses, weeds, molds, dust mites, and animal danders and, possibly some foods. The skin testing generally takes 45 minutes. Prick (also known as percutaneous) tests are performed on your arms. If you have a specific allergic sensitivity to one of the allergens, a red, raised, itchy bump (caused by histamine release into the skin) will appear on your skin within 15 to 20 minutes. These positive reactions will gradually disappear over a period of 30 to 60 minutes, and, typically, no treatment is necessary for this itchiness. Occasionally local swelling at a test site will begin 4 to 8 hours after the skin tests are applied. These reactions are not serious and will disappear over the next week or so. They should be reported to your physician at your next visit.

DO NOT

1. No prescription or over the counter oral antihistamines should be used 7 days prior to scheduled skin testing. These include cold tablets, sinus tablets, hay fever medications, or oral treatments for itchy skin, over the counter allergy medications, such as Claritin, Zyrtec, Allegra, Actifed, Dimetapp, Benedryl, and many others. Prescription antihistamines such as Clarinex and Xyzal should also be stopped at least 7 days prior to testing. If you have any questions whether or not you are using an antihistamine, please ask the nurse or the doctor. In some instances a longer period of time off these medications may be necessary.
2. You should discontinue your nasal and eye antihistamine medications, such as Patanase, Pataday, Astepro, Optivar, or Astelin at least 7 days before the testing. In some instances a longer period of time off these medications may be necessary. If you have any questions whether or not you are using an antihistamine, please ask the nurse or the doctor. In some instances a longer period of time off these medications may be necessary.
3. Medications such as over the counter sleeping medications (e.g. Tylenol PM) and other prescribed drugs, such as amitriptyline hydrochloride (Elavil), hydroxyzine (Atarax), doxepin (Sinequan), and imipramine (Tofranil) have antihistaminic activity and should be discontinued at least 2 weeks (14 days) prior to receiving skin test after consultation with your physician. Please make the doctor or nurse aware of the fact that you are taking these medications so that you may be advised as to how long prior to testing you should stop taking them.

YOU MAY

1. You may continue to use your intranasal allergy sprays such as Flonase, Rhinocort, Nasonex, Nasacort, Omnaris, Veramyst and Nasarel.
2. Asthma inhalers (inhaled steroids and bronchodilators), leukotriene antagonists (e.g. Singulair, Accolate) and oral theophylline (Theo-Dur, T-Phyl, Uniphyll, Theo-24, etc.) do not interfere with skin testing and should be used as prescribed.
3. Most drugs do not interfere with skin testing but make certain that your physician and nurse know about every drug you are taking (bring a list if necessary).

Skin testing will be administered at this medical facility with a medical physician or other health care professional present since occasional reactions may require immediate therapy. These reactions may consist of any or all of the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and shock, the latter under extreme circumstances. Please let the physician and nurse know if you are pregnant and/or taking betablockers. Allergy skin testing may be postponed until after the pregnancy in the unlikely event of a reaction to the allergy testing and beta-blockers are medications they may make the treatment of the reaction to skin testing more difficult.

Please note that these reactions rarely occur, but in the event a reaction would occur, the staff is fully trained and emergency equipment is available.

After skin testing, you will consult with your physician or other health care professional who will make further recommendations regarding your treatment.

We request that you do not bring small children with you when you are scheduled for skin testing unless they are accompanied by another adult who can sit with them in the reception room.

Please do not cancel your appointment since the time set aside for your skin test is exclusively yours. If for any reason you need to change your skin test appointment, please give us at least 48 hours notice. Due to the length of time scheduled for skin testing, a last minute change results in a loss of valuable time that another patient might have utilized. If you cancel or reschedule your appointment with less than 24 hours notice, you will be charged a \$25 fee.

I have read the patient information sheet on allergy skin testing and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of allergy skin testing and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions.

Printed Patient Name

Date of Birth

Patient Signature

Date Signed

If patient is a minor:

***As parent or legal guardian, I understand that I must accompany my child throughout the entire procedure and visit.**

Parent or Legal Guardian*

Date Signed

Witness Signature

Date Signed



chesapeake
ear • nose • throat

ALLERGY HISTORY FORM

Patient Name: _____ Date of Birth: _____

Provider requesting allergy testing: MDW MAM SDL DVS TMG

What is the Major Reason(s) for this Allergy Testing?

Complete the following section if there is a history of
NASAL AND EYE SYMPTOMS

Circle the following if they apply to you: NONE

Nasal Stuffiness Sneezing Post Nasal Drip Itchy Nose Itchy Eyes

Headache Ear Problems Other: _____

Nasal Discharge: NONE Clear White Yellow Green

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

When are symptoms the worst? Winter Spring Summer Fall Year-Round

How long have you had these symptoms? _____

Medications you have taken for allergy symptoms: NONE

Suspected or known causes of these symptoms: (circle all that apply)

Colds Dust Mold Cigarette Smoke Odors/Fumes

Trees Weeds Grass Mowing Lawn Foods

Dogs Cats Latex Weather Changes Barometric Pressure Changes

Other: _____

Do you have any pets at home? No If Yes, what kind? _____

Number of Sinus Infections treated in the past year: _____ NONE

Last Antibiotic: _____ NONE

Have you had a Sinus X-ray? No Yes - Date: _____

Have you had a Sinus Cat Scan? No Yes - Date: _____

History of Nasal Polyps? No Yes

