

## ENVIRONMENTAL & FOOD ALLERGY TESTING INSTRUCTIONS & CONSENT

**Skin Test:** Skin testing is a method of testing for allergic antibodies. This 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 15 to 20 minutes after applying the allergen. The skin test methods are:

**Prick Method:** A needle pricks the skin where we have already placed a drop of allergen.

**Intradermal Method:** This method consists of injecting small amounts of an allergen into the superficial layers of the skin. Interpreting the clinical significance of skin tests requires the skillful correlation of the test results with the patient's clinical history.

We will test your reaction to important airborne allergens and possibly some foods (if specifically ordered by the treating physician). These include trees, grasses, weeds, molds, dust mites, animal dander and possibly some foods. Prick (also known as percutaneous) tests are usually performed on your arms or back. Intradermal skin tests may be performed if the prick skin tests are negative and 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 the next few days, and typically no treatment is necessary for this localized reaction. Occasionally local swelling at a test site will begin 4 to 8 hours after the skin tests are applied, particularly at sites of intradermal testing. These reactions are not serious and will disappear over the next week or so. You should measure them and report your findings to your physician at your next visit.

*You will need to discontinue certain medications 3-5 days prior to your testing. Please review the attached list of medications carefully. If you have any questions or concerns about this, feel free to contact the Allergy Department.*

### **Failure to discontinue these medications will result in us canceling or rescheduling your test.**

Certain neurologic and mood medications (TCAs, benzodiazepines and atypical antidepressants) may also interfere with testing, but we do NOT recommend stopping them. In this case, we will discuss alternatives to skin testing at your appointment.

**ATTENTION ASTHMA PATIENTS:** If your asthma is not well controlled, the allergy staff may cancel or reschedule your test. Please contact the office to speak to someone in the Allergy Department if you have any questions.

**Please note that serious reactions to skin testing are extremely rare. If a reaction occurs, the staff is fully trained to handle it, and emergency equipment is available.**

Please let the medical team know if you are pregnant. You may need to postpone allergy skin testing until after the pregnancy.

This test can take **1-2 hours** to complete. Please plan your day accordingly. We strongly suggest that you bring something with you to occupy your time between test applications.

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

***Please arrive promptly. We will have to reschedule your appointment if you arrive any later than 15 minutes past your scheduled time. A fee of \$50.00 is charged to your account if you fail to cancel or miss your appointment.***

**INSURANCE INFORMATION:**

If you have referral-based insurance, you will need to obtain a referral for this service.

It is advisable to call the 800 number on your insurance card to inquire whether the following CPT codes are a covered service on your plan and if deductibles or out-of-pocket costs will apply.

**Scratch testing:** 95004

**Intradermal testing:** 95024 or 95027

Print Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_

## MEDICATIONS TO STOP FOR ALLERGY TESTING

*Failure to discontinue these medications will result in the cancelation or rescheduling of your test.*

### ANTI-HISTAMINES

#### STOP FIVE DAYS before testing:

- Allegra (fexofenadine)
- Zyrtec (cetirizine)
- Claritin (loratadine)
- Alavert (loratadine)
- Clarinex (desloratadine)
- Xyzal (levocetirizine)

#### STOP THREE DAYS before testing:

- Benadryl (diphenhydramine)
  - Chlor-triemton (chlorpheniramine)
  - Dimetapp
  - Bromfed (brompheniramine)
  - Extendryl
  - Periactin
  - Phenergan (promethazine)
  - Atarax (hydroxyzine)
  - Vistaril (hydroxyzine)
  - Meclizine
  - Compazine
- \*Any over-the-counter medication with the word "allergy" or nighttime med (Tylenol Allergy, NyQuil, sleep aids, etc.)

#### Nasal Sprays:

- Astelin (azelastine)
- Astepro (azelastine)
- Patanase (olopatadine)
- Dymista

#### Eye Drops:

- Zaditor (ketotifen)
- Optivar (azelastine)
- Pataday, Patanol, Pazeo (olopatadine)
- Elestat

### BETA-BLOCKERS

#### STOP the morning of testing if okay with prescribing physician:

- Atenolol
- Metoprolol
- Sotalol
- Carvedilol
- Propranolol
- Labetalol
- Any med ending in "...olol," including eye drops

#### Please Note:

1. These are general time frames, but in rare instances, skin testing may still not be accurate.
2. It is impossible to list every drug that could interfere with skin testing.
3. Certain neurologic and mood meds may also interfere with testing, but we do not recommend stopping them. In this case, we will discuss alternatives to skin testing.

## ALLERGY QUESTIONNAIRE

(for allergy and asthma patients only)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PAST ALLERGY HISTORY

Name of previous allergist: \_\_\_\_\_ When seen? \_\_\_\_\_

Did you ever have allergy shots or drops?  Yes  No

If yes, when did you start shots? \_\_\_\_\_ Stop shots? \_\_\_\_\_

Allergy test results, if known: \_\_\_\_\_

### ENVIRONMENTAL HISTORY

**Housing:**  House  Apartment

How old is the home? \_\_\_\_\_ Length of stay? \_\_\_\_\_

Damp basement?  Yes  No

Known mold issues?  Yes  No

**Pets:**  Yes  No

Kind: \_\_\_\_\_ How many? \_\_\_\_\_

Kind: \_\_\_\_\_ How many? \_\_\_\_\_

Kind: \_\_\_\_\_ How many? \_\_\_\_\_

Kind: \_\_\_\_\_ How many? \_\_\_\_\_

Cockroaches in home/work?  Yes  No

Does anyone in the home smoke?  Yes  No

**Heating:**  Forced air  Baseboard  Radiator  Wood-burning stove  Other: \_\_\_\_\_

**Air Conditioning:**  Central  Window unit

**Humidifier?**  Yes  No

**Dehumidifier?**  Yes  No

**Bedroom Floor:**  Carpeting  Hardwood  Area rugs  Other: \_\_\_\_\_

Who lives at home with you? \_\_\_\_\_

Are there other households you stay at frequently?  
(Example: weekends at grandmother's who smokes and owns a cat)

\_\_\_\_\_

What kind of work do you do? \_\_\_\_\_

Are there any environmental exposures you are concerned about (Example: solvents at work)?

\_\_\_\_\_

**OTHER ALLERGY HISTORY**

Food: \_\_\_\_\_

Insect stings: \_\_\_\_\_

Medications: \_\_\_\_\_

**FAMILY HISTORY** (Indicate relationship to problems listed below. Examples: mother and sister.)

Asthma: \_\_\_\_\_

Nasal allergies: \_\_\_\_\_

Sinus problems: \_\_\_\_\_

Eczema/rashes: \_\_\_\_\_

Urticaria/hives: \_\_\_\_\_

Recurrent infections and immune problems: \_\_\_\_\_