ALLERGY TESTING INFORMATION

1. On the day of testing please wear a short-sleeved shirt that can be pushed up comfortably to your shoulder. Allow 1-2 hours for your test session. You will need to stay on the premises during this time. Please do not bring children to your appointment.

2. Remember to STOP TAKING ANTIHISTAMINES and DECONGESTANTS at least 5 days before your appointment (See attachment for stop times concerning individual meds). Please discontinue Astelin nasal spray 24 hours prior to testing. Please inform the staff of any medications you are taking that would prevent you from being tested (See attached forms).

3. Allergy testing is done on your lower forearm with tiny applicators that abrade the surface of the skin. Each devise contains fluid (extracts) from native Texas allergens. If you are allergic to any of the antigens, you will get a raised, itchy bump that resembles a large mosquito bite.

4. Insurance pre-certification will be done prior to your appointment. Patients will be informed of charges not covered by insurance and will be responsible for all charges not covered at the time of testing.

I, __________________________________, have read and understand the above information and attachments.

(Print name)

Signature/Date ________________________________

Witness ________________________________
ALLERGY HISTORY

Instructions
Carefully complete in full. Accuracy and thoroughness are essential. Print all answers. Relate all answers to your own experiences, not to previous advice on skin tests. This form must be completed prior to seeing the practitioner. All information will be considered confidential.

Name ____________________________________ DOB ____/____/____ Age ____

State problems you wish to discuss:

___Runny Nose  ___Sneezing  ___Nasal Congestion  ___Eye Problems
___Cough  ___Wheezing  ___Asthma  ___Hives
___Rashes  ___Food Sensitivities  ___Sinus Infections  ___Ear Infections
___Pneumonia  ___Bronchitis  ___Reflux

When did it begin? _________
Worse at night/day? _________

Check months most severe:
___All months
___January  ___April  ___July  ___October
___February  ___May  ___August  ___November
___March  ___June  ___September  ___December

Check items that affect your symptoms
Are your symptoms made worse by:

___Wind  ___Smoke  ___Barns/Hay  ___High pollution day
___Damp areas  ___Soap  ___Mowing Lawns  ___Insecticides
___Dust  ___Paint Fumes  ___Perfumes  ___Cosmetics
___Newspapers  ___Weather change  ___Wet weather  ___Dry weather
___Cold day  ___Air-conditioning  ___Travel/Vacations  ___Clorox
___Perfume  ___Ammonia  ___Cleanser  ___Room deodorants
___Detergent  ___Tobacco smoke  ___Wax  ___Exhaust
**Previous Allergy Treatment**

1. Have you ever had skin testing done? ___No  ___Yes  If yes, by whom? __________  
   **Last Date Tested:** __________

2. Have you ever been treated with Allergy Shots? ___No  ___Yes  
   If yes, what were you treated for?  
   ___Grass Pollens  ___Molds  ___Weed pollens  
   ___Tree Pollens  ___Animals  ___Dust

3. Did the Allergy Shots help you? ___Yes  ___No  ___Don’t know

4. What years were the shots taken? __________ to __________

**Medical History**

___Asthma  If so, ever hospitalized for asthma: ________________________________  
___High Blood Pressure  
   What medication do you take to control it? ________________________________  
___Recurrent Ear Infections  ___Recurrent Sinus Infections  ___Repeated Tonsillitis  
___Cancer:  What type: ________________________________________________  
___Heart Trouble  What kind: ________________________________________________  
___Diabetes:  Type I or II

Are you pregnant now? ___Yes  ___No  **Last Period Date:** __________

Actively trying to conceive? ___Yes  ___No

Other Medical conditions not mentioned: __________________________________________  
______________________________________________________________________________  
______________________________________________________________________________

**Pets**  
Which of these do you have as pets or exposed to:  
___Dog  ___Cat  ___Bird  ___Horse  ___Hamster  
___Rabbit  ___Cows  ___Other: ________________________________________________  

Is your condition worse around pets? ___Yes  ___No

Specify: ________________________________________________

**Allergies to Medications:** ________________________________________________

Patient Signature __________________________________________________________

Practitioners Signature ___________________________  Date _________________________
Skin Testing Information and Consent

1. Skin Testing
An allergy skin test is used to identify the substances that are causing your allergy symptoms. We will apply several extracts of common allergens to the skin and observe for a reaction. The reactions are then graded and confirmatory intradermal testing may be performed. This involves injecting a small amount of extract under the skin of the upper arm. We then observe the reaction and record the results.

2. Risks of Skin Testing
Bleeding and infection may occur due to abrading of the skin. Any time the skin integrity is broken it puts one at risk for infection. However, this is a very rare occurrence. The antigens used for testing are sterile and approved by the FDA. Occasionally, skin testing can trigger a severe allergic reaction requiring treatment with medications available in our office and/or the ER. Patients with asthma are at increased risk for triggering an asthma attack during testing. You should not undergo testing if you feel that you allergy or asthma symptoms are currently under poor control.

3. Contra Indications to Skin Testing
Women who are pregnant or anyone who is currently taking Beta-blocker medications should not have skin testing done. If you have taken any antihistamines, on the list provided, within the specified time prior to your appointment testing will not be performed. These medications interfere with the immune process needed for a reliable test. Please be sure to inform us of all medications you have taken before the skin test is applied. (You must discontinue Atarax (Hydroxyzine), Xyzal and Zytec a minimum of 5 days prior to testing). Patients on Beta-blockers will NOT be skin tested because death may occur. If you are not sure if you are taking an antihistamine or beta-blocker, please ask your pharmacist.

4. Consent for Skin Testing
I understand the risks and benefits of skin testing and all questions have been answered to my satisfaction. I consent to skin testing and understand that I am financially responsible for all charges not covered by my medical insurance. I understand that the fees incurred for allergy testing will be my responsibility to the extent that insurance deductible, co-payments, and allowable, may leave a balance. It is also my understanding that the insurance claims will be filed first, with the balance being billed to me following processing of the insurance claim(s).

NAME (Print) ______________________  Signature: __________________________
Date: ______________________

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***VERY IMPORTANT***

LET US KNOW IF YOU ARE TAKING ANY OF THE FOLLOWING MEDICATIONS

BETA BLOCKERS
- Beta Pace (sotalol)
- BloCADREN (timolol maleate)
- Brevibloc injection (esmolol)
- Cartol (carteolol)
- CorGard (nadolol)
- CorZide (nadolol)
- Inderide (propranolol)
- Inderide LA (propranolol)
- Inderol (propranolol)
- Kerlone (betaxolol hydrochloride)
- Levatol (penbutolol sulfate)
- Lopressor HCT (metoprolol)
- Mormodyne (labetalol)
- Mormozide (labetalol)
- Sectral (acacetabulol)
- Tenoretic (atenolol)
- Tenormin (atenolol)
- Timolide (timolol maleate)
- Toprol (metoprolol succinate)
- Trandate HCT (labetrol)
- Trandate HCT (labetrol)
- Viskyen (bisoprolol fumarate)
- Ziac (bisprolol)

TOPICAL BETA BLOCKERS
- Betagan Liquifilm (levobunolol hydrochloride)
- Betoptic (betaxolol hydrochloride)
- Ocupress (carteolol hydrochloride)
- Timoptic (timolol maleate)

TRICYCLIC ANTIDEPRESSANTS
- Adepin (doxepin hydrochloride)
- Anafranil (clomipramine hydrochloride)
- Elavil (amitriptyline pamoate)
- Etrafon (amitriptyline hydrochloride)
- Etrafon (amitriptyline)
- Ludiomil (maprotiline hydrochloride)
- Norfranil (imipramine hydrochloride)
- Norpramin (desipramine hydrochloride)
- Pamelo (nortriptyline hydrochloride)
- Sunequan (doxepin hydrochloride)
- Surmontil (trimipramine maleate)
- Tofranil (imipramine pamoate)
- Triadapin (doxepin hydrochloride)
- Triptil (protriptyline hydrochloride)
- Vivactil (protriptyline hydrochloride)

MONOAMINE OXIDASE INHIBITORS
- Marplan (isocarboxazid)
- Nardil (pheneizine sulfate)
- Parnate (tranlcypromine sulfate)

**PLEASE DO NOT STOP ANY PRESCRIPTION MEDICATION WITHOUT DISCUSSING IT WITH THE DOCTOR FIRST.**
ANTIHISTAMINES
YOU MUST STOP TAKING ALL ANTIHISTAMINES 5 DAYS PRIOR TO THE ALLERGY TESTING

PRESCRIPTION
Allegra (fexofenadine)
Allegra D (fexofenadine)
Atarax (Hydroxyzine)
Benadryl prescription (diphenhydramine)
Claritin D (loratidine)
Clarinex (desloratadine)
Periactin (cyproheptadine)
Phenergan (promethazine)
Vistaril (Hydroxyzine)
Zyrtec (cetirizine)
Xyzal (levocetirizine)

OVER-THE-COUNTER
Benadryl (liquid or capsule form) Trimeprazine tartrate
Dimetapp (brompheniramine maleate) Tripolidine hydrochloride
Chlor Trimeton Tylenol PM
Chlorpheniramine maleate Tylenol Allergy & Sinus
Claritin (loratidine) Antacids (Tagamet, Zantac, Pepcid,
Dexchlorpheniramine maleate Pepcid AC, Axid)
Diphenhydramine hydrochloride Allergy eye drops (livostin, Patanol, etc)
Promethazine HCL
Tavist, Tavist D (clemastine fumarate)
Triaminic
Tripelennamine citrate or hydrochloride

ALL VITAMINS AND HERBAL MEDICINES NEED TO BE DISCUSSED & STOPPED PRIOR TO TESTING. ESPECIALLY VITAMIN C, ST. JOHN’S WORT AND GOLDENSEAL.
STOP ALL HERBAL ALLERGY SUPPLEMENTS 5 DAYS PRIOR TO TESTING.
HOW CAN YOUR ALLERGIES BE TREATED?

The best treatment for allergies is to identify the offending substances then carefully avoid exposure to them. This can be very effective for allergies to things like pets, dust mites and foods but is not possible for some allergies such as pollens, and mold spores.

Medications such as antihistamines, oral decongestants, nasal sprays, and bronchodilators may be effective in controlling your allergic symptoms. Medications may be used along with immunotherapy.

Immunotherapy, commonly referred to as “allergy shots” is a program designed to desensitize you to those substances to which you are allergic. A repeated injection of a sterile mixture (of those substances identified as causes of your allergies) allows your immune system to build up protection against them.

After several months of weekly injections or daily sublingual drops of increasingly stronger doses you will reach a maintenance dose and continue to receive that dose at regular intervals. The size of doses and length of intervals between doses depends greatly on your response to the therapy. Some people will receive complete symptom relief by taking immunotherapy.

An ongoing program of avoidance, medication, immunotherapy, or a combination of these methods, under the direct supervision of your doctor, is the best approach to controlling your allergies and allowing you to live more comfortably in your existing surroundings.