Everyone's ENT & Sinus Center

Christine Gilliam, M.D.
21738 Hardy Oak Blvd. Ste. 103
San Antonio, TX 78258
Tel. (210) 647-3838
Fax (210)403-3166
www.everyonesent.com

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 placing a small amount of extract under the skin of the upper arm. We then observe the reaction and record the results. 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. Risks of Skin Testing

Bleeding and infection may occur due to abrading of the skin. Any time the skin integrity is broken it puts on at risk for infection. However, this is a 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 and/or treatment in 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 have allergy or asthma symptoms are currently under poor control.

3. Contraindications to Skin Testing

Women who are **pregnant** or anyone who is currently taking **Beta-Blockers**, **Tricyclic Anti-depressants or MAOI's** medications will **NOT** be skin tested. Please be sure to inform us of ALL your medications **before** the skin test is applied. **NO anti-histamines, steroids, acid reducers/meds, or allergy medications AT LEAST 1 WEEK prior to testing.** For complete list of prohibited medications, review attached list at least one week prior to testing. Please ask if any questions on medications.

4. Patient Financial Responsibility

Payment is due at time of service. Insurance benefits will be obtained and an estimated patient responsibility will be calculated. This is only an estimation of cost, if insurance deems any additional patient responsibility after claim is processed, remaining balance will be the patient's responsibility.

5. 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 personal responsibility.

Signature: _____ Date: _____

Print Name:_____

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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 ____

Please check problems you currently experience:

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

When did symptoms begin? _____

Worse during the day or night? _____

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

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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 of 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 _____**Date**_____

Practitioner Signature_____

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VERY IMPORTANT

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

You cannot safely be tested if you are on Beta Blockers of any kind (these lists are NOT all inclusive). Please inform the staff of any medications you are taking that would prevent you from being tested.

BETA BLOCKERS

Beta Pace (sotalol)
Blocadren (timolol maleate)
Brevibloc injection (esmolol)
Cartol (carteolol)
Corgard (nadolol)
Corzide (nadolol)
Inderide (propanolol)
Inderide LA (propanolol)
Inderol (propanolol)
Kerlone (betaxolol hydrochloride)
Levatol (penbutolol sulfate)
Lopressor HCT (metoprolol)
Mormodyne (labetalol)
Mormozide (labetalol)
Sectral (acetabulol)
Tenorectic (atenolol)
Tenormin (atenolol)
Timolide (timolol maleate)
Toprol (metoprolol succinate)
Trandate HCT (labetrol)
Trandate HCT (labetrol)
Visken (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)
(amitriptyline hydrochloride)
Etrafon (amitriptyline)
Ludiomil (maprotiline hydrochloride)
Norfranil (imipramine hydrochloride)
Norpramin (desipramine hydrochloride)
Pamelor (nortriptyline hydrochloride)
Sunequan (doxepin hydrochloride)
Surmontil (trimipramine maleate)
Tofranil (imipramine pamoate)
Triadapin (doxepin hydrochloride)
Triptil (protriptyline hydrochloride)
Vivactil (protriptyline hydrochloride)

MONOAMIINE OXIDASE INHIBITORS

Marplan (isocarboxazid)
Nardil (pheneizine sulfate)
Parnate (tranlcypromine sulfate)

*****PLEASE DO NOT STOP ANY PRESCRIPTION MEDICATION WITHOUT CHECKING WITH YOUR DOCTOR*****

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VERY IMPORTANT

REMEMBER TO STOP TAKING ANTIHISTAMINES, STEROIDS, ACID REFLUX MEDS AND OTC ALLERGY MEDICATIONS AT LEAST 1 WEEK BEFORE YOUR APPOINTMENT

Allegra (fexofenadine)
Allegra D (fexofenadine)
Allergy eye drops (livostin, Patanol, Pazeo, etc)
Antacids (Tagamet, Zantac, Pepcid, Pepcid AC, Axid, not an all-inclusive list) [Nexium, Omeprazole ok]
Atarax
Benadryl prescription (diphenhydramine)
Benadryl (liquid or capsule form)
Claritin (loratidine)
Claritin D (loratidine)
Clarinex (desloratidine)
Chlor Trimeton
Chlorpheniramine maleate
Dexchlorpheniramine maleate
Dimetapp (brompheniramine maleate)
Diphenhydramine Hydrochloride
Periactin (cyproheptadine)
Phenergan (promethazine)
Promethazine HCL
Singulair
Steroids (Medrol dose pack, prednisone)
Tavist, Tavist –D (clemastine fumarate)
Trimeprazine tartrate
Tripolidine hydrochloride
Triaminic
Tripelennamine citrate or hydrochloride
Tylenol PM
Tylenol Allergy and Sinus or Cold and sinus
Vistaril (hydroxyzine)
Zyrtec (cetirizine)
Xyzal (levocetirizine)

ALL VITAMINS AND HERBAL SUPPLEMENTS NEED TO BE DISCUSSED AND STOPPED PRIOR TO TESTING.
ESPECIALLY ST. JOHN'S WART AND GOLDENSEAL.

STOP ALL HERBAL ALLERGY SUPPLEMENTS 1 WEEK PRIOR TO TESTING.