



Allergy Testing

We test for 40 different antigens; weeds, grass, trees, dust mite, mold, and animals. These are things you are exposed to everyday. We do not test for food allergies. We use a combination of two different tests. A prick puncture test technique which will be applied on the upper back or lower arms. If done on the back, you will need to remove your shirt and lie on your stomach for about 20 minutes after the antigens are applied. A gown will be provided for female patients. The applicator is made of plastic. It holds up to eight antigens on each applicator. This will take only a few minutes to apply. You may feel itchy, like mild to intense mosquito bite type sensation if you are sensitive to the applied antigens. You may develop welts if you are allergic. We will measure the welts to determine the degree of sensitivity. Hydrocortisone will be applied to help with the itching.

The second part of the test will be intradermal dilutional testing. We will poke you with a needle on the upper aspect of your arm, underneath the first layer of skin up to 42 times. This is mildly irritating. This will determine the degree of allergy to the antigens which have been applied. This process will take less than 5 minutes to apply. Once the antigens are applied you will wait 10 minutes for the result. We will measure the welts to determine what you are allergic to. If your sensitivity test (the prick puncture test) yields positive results you may be poked less than 42 times.

Please review the instructions for preparation for allergy testing. Please wear clothing that is comfortable and loose. Short sleeved shirts are recommended. We will have you roll up your sleeve to the top of your shoulder so that we can apply the intradermal test on the upper aspect of your arm. We will make up to eight rows using only one arm for the application. This is probably not a good day to wear a dress.

Skin tests are generally safe for adults and children. The most common side effect of skin testing is swollen, red itchy bumps. In some people, though, an area of swelling, redness, and itching may develop a few hours after the test and persist for a couple of days. **RARELY**, skin tests can produce a severe immediate allergic reaction.

Please visit our website at www.tucsonent.com and choose allergy. You can access information about allergy testing and access our allergy calendar for shot clinic hours at both the east and northwest locations.

PREPARATION FOR ALLERGY TESTING

Your doctor has ordered allergy testing. The allergy department should have contacted you already in regards to medications that may need to be temporarily discontinued for the allergy test. If you have not been contacted by the allergy department regarding your medications you may reach us at 520-296-8500 extension 1118. You may leave a message and we will get back to you as soon as possible.

Do not take antihistamines or products containing antihistamines for 3 days prior to the testing. This includes allergy medicines, cold medicines, over the counter sleep aids. Examples are but not limited to, Benadryl, Claritin, Nyquil, ZZZquil, Advil PM, and Tylenol PM. Nasal antihistamines such as Dymista will need to be held for 2 days prior to testing. Please contact the allergy department if you have questions or concerns.

Do not take medications such as Tagamet, Pepcid, or Zantac antacids 1 day prior to allergy testing as these medicines contain small amounts of antihistamine.

Tricyclic antidepressant medications will need to be held for 3 days prior to testing. **Please clear this with your prescribing physician.** Examples include Doxepin, Amitriptyline, Nortriptyline, Imipramine, Clomipramine, Amoxapine, Trimipramine etc.

Benzodiazepines will need to be held for 5 days prior to testing. Examples include Lorazepam, Clonazepam, Diazepam, Midazolam, etc. These medications are used to treat anxiety, seizures, etc.

Beta blockers will need to be held for 48 hours prior to testing and 24 hours after testing. **You will need to contact your prescribing physician for clearance.** Examples are but not limited to Metoprolol, Nadolol, Carteolol, etc. Glaucoma eye drops may contain a beta blocker. Beta blockers treat high blood pressure, migraine headaches, heart conditions, anxiety or Glaucoma.

Taking any of the above medications can alter your test result or put you at risk for a serious health event.

You may continue nasal steroid sprays such as Nasonex, Flonase, etc.

Please continue a normal diet the day of testing, fasting is not necessary.

On the day of your allergy test your result will be reviewed with you. You will receive a copy for your own records. All medications, with the exception of beta blockers can be resumed once your allergy test is completed. A follow up appointment with your ear nose and throat physician will be made for you after testing to review further treatment and discussion of your allergy results.

In an effort to make this test accessible for all of our patients, we appreciate at least one week notice for cancelations. Failure to cancel your allergy test 48 hours prior to your appointment can result in a \$100.00 cancelation/no show fee.

TUCSON EAR NOSE AND THROAT: ALLERGY TESTING CONSENT AND TREATMENT FORM

I consent to allergy testing. I have had this procedure explained to me, including the possible risks and complications, severe reactions, and even death in very rare cases. I also consent, as witnessed on this document, to any necessary emergency treatment rendered now and in the future (immunotherapy) in the event of an adverse reaction.

I acknowledge financial responsibility for all appropriate charges incurred resulting from allergy testing, treatment and emergency services if required, that are not covered by my medical insurance or are not a covered benefit under my medical insurance.

I also acknowledge that it is my responsibility to inform the allergy department of any changes in my health prior to allergy testing and any medication changes prior to my allergy testing.

I acknowledge that I have not taken any antihistamine products. I am not pregnant. I am not on any beta blockers or any form of tricyclic antidepressants.

If you have any questions concerning the above statements, please contact the allergy department for clarification. 520-296-8500 ext. 1118. Please leave a detailed message.

Patient Signature: _____ **Date:** _____

Printed patient name and DOB _____

If under 18 years old:

*** Guardian Signature:** _____

Starting blood pressure: _____ Pulse: _____

Medicare II blood pressure: _____ Pulse: _____

Please fill in your current height and weight.

Height: _____ **Weight:** _____ **Oxygen** _____

AGREEMENT TO CARRY AN EPIPEN FOR ALLERGY TREATMENT AND ALLERGY INJECTIONS

If prescribed by your physician, an EpiPen, auto injector of epinephrine must be available on the day of an allergy injection, even if you have been on injections for multiple years. Your ENT doctor may prescribe this during your follow up visit to go over your allergy testing results. Epinephrine is the first line of medication given for anaphylaxis (life threatening symptoms). If the threatening symptoms are going to occur, there is a 97% incidence that they will occur within 20 minutes after the allergy injection but could occur up to 6 hours later. You will be required to remain in the allergy waiting area for 30 minutes after you have been given your allergy injection(s).

The most distinctive symptoms of anaphylaxis include swelling of the throat, lips, tongue, or around the eyes, difficulty breathing or swallowing. You may experience a metallic taste or itching in the mouth, generalized flushing, itching or redness of the skin, abdominal cramps, nausea, vomiting or diarrhea. You may experience an increased heart rate, sudden decrease in blood pressure, paleness, feeling of weakness. You may experience anxiety or an overwhelming sense of doom, collapse, or loss of consciousness.

If symptoms occur after you have had your allergy injection, in a non-life threatening form, one or two Benadryl may be taken to relieve symptoms. Remember not to drive after taking Benadryl. **Please notify our office if any symptoms occur after an allergy injection. Phone: 520-296-8500 Ext. 1118.**

If life threatening symptoms do occur outside our office, the steps to follow are listed below:

1. Use EpiPen
2. Call 911
3. Take two Benadryl
4. If symptoms return and emergency personnel have not responded, the second dose of epinephrine may be administered.

If prescribed, I understand and agree to carry an EpiPen on the day of my allergy injection for as long as I am on immunotherapy. I also understand that discontinuing the injections or taking the injections irregularly may result in worsening of my allergy symptoms and or triggering of some of the above mentioned reactions when given a shot.

Date: _____ Printed patient name and DOB _____

Signature of patient or legally responsible party.

THIS DOCUMENT WILL BE SCANNED INTO YOUR CHART

PATIENT HISTORY QUESTIONNAIRE

PLEASE PRINT

Patient name: _____ DOB: _____ Sex: Female Male

Medical History: Please check your past and present medical conditions.

Nasal polyps Ear infections Sinus infections Pneumonia Eczema

Chronic cough Bronchitis Hay fever Asthma GERD

Frequent headaches Migraines Deviated septum Meningitis

Hives High blood pressure Heart disease Thyroid disease

Seizures Arthritis Thrush Stomach/intestinal issues

Drug allergies, food allergies and contact allergies. List the name of the substance, the reaction and when the event occurred.

Are your symptoms constant or intermittent? _____

Have you ever been allergy tested? Yes No Positive findings? Yes No Prior treatment? Yes No
Known food allergies: _____

Reason for visit: _____

Medication List, Dosage, Frequency
