Patient Instructions/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 15 to 20 minutes after the application of the allergen. The skin test methods are:

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 dander and, 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 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, particularly at sites of intradermal testing. These reactions are not serious and will disappear over the next week or so. They should be measured and reported to your physician at your next visit. You may be scheduled for skin testing to antibiotics, caines, venoms, or other biological agents. The same guidelines apply.

PRECAUTIONS

1. No prescription or over the counter oral antihistamines should be **used 5 days prior** to scheduled skin testing. These include cold, cough and sinus medications, hay fever medications, or oral treatments for itchy skin, over the counter allergy medications, such as Claritin, Zyrtec, Allegra, Actifed, Dimetapp, Benadryl, hydroxyzine (Atarax), and many others. Prescription antihistamines such as Clarinex and Xyzal should also be stopped at least 5 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 up to 5 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.
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3. Medications such as over the counter sleeping medications (e.g. Tylenol PM) and other prescribed drugs, such as amytriptyline hydrochloride (Elavil), doxepin (Sinequan), and imipramine (Tofranil) have antihistaminic activity and should be discontinued at least 2 weeks 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. If you are taking antidepressants, psychotropic or antireflux medications, they may have antihistaminic properties and should be discussed with the doctor prior to testing.

4. **Does your child or relative (parent, grandparent, siblings, and/or aunt/uncle) have a history of vasovagal syncope (Fainting due to certain triggers such as the sight of blood or extreme emotional distress)?**

   ****This disorder can be an inherited trait. If positive, please inform the clinical team prior to testing to allow for measures to be taken such as (lying the patient down flat and having food and/or drink if feel faint. Please plan to bring a Gatorade and snack if child has vasovagal syncope****

CONDITIONS or ACTIVITIES

If you have any of the following conditions or have performed any of the activities on the day of the appointment, we will NOT be able to perform the allergy test.

1. **Asthma**
2. **Eczema – Arms and/or Back**
3. **Skin condition or issue on the arms and/or back – ie: Rash**
4. **Participating in extreme exercise**
5. **Sports – just coming off the field**

YOU MAY

1. You may continue to use your intranasal allergy sprays such as Flonase Rhinocort, Nasonex, Nasacort, Omnaris, Veramyst and Nasarel.

2. 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 mild or very rare severe reactions may require immediate therapy. Talk to your doctor about any further details. **Please let the physician and nurse know if you are pregnant or taking beta-blockers.** 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 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.

Please do not cancel your appointment since the time set aside for your skin test is exclusively yours for which special allergens are prepared. 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.

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.

Patient____Date signed__________

Parent or legal guardian*_______________________________ Date signed__________
*as parent or legal guardian, I understand that I must accompany my child throughout the entire procedure and visit.

Witness ____Date signed__________

TAMPA CHILDREN'S ENT
ALLERGY HISTORY FORM

Date of Visit: ______________________________ PCP: ___________________________________

Name: ___________________________________ DOB: ___________________________________

Drug Allergies: ____

Allergy History	YES	NO
Do you have breathing problems?		
Do you have asthma?		
Do you wheeze?		
Do you cough?		
Do you have sinus infections?		
Do you have nasal congestion?		
Do you have nasal drainage?		
Do you sneeze frequently?		
Do you have itchy eyes?		
Do you have itchy throat?		
Do you have itchy skin?		
Do you have any swelling?		
Do you react to bee stings?		
Have you had allergy testing?		
Have you had allergy shots?		
Do you have rashes?		

Social and Family History	Yes	No
Parent (s) with asthma?		
Parent (s) with allergy?		
Other family with allergy/asthma?		
Family with eczema?		
Family with hives?		
Family with autoimmune disease?		

Home Environment #1	Yes	No
Smokers in home?		
Dogs at home?		
Cats at home?		
Other furry pets?		
Do you have bedding for your pets?		
Do you have carpet?		
Do you participate in outdoor sports or activities?		

Circle your rash: eczema hives blisters other

When did the problem start? ____________________

Do you react to foods? If yes, please list: __________

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Do you have any hay fever? If yes, please list: ______

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Home Environment #2	Yes	No
Smokers in home?		
Dogs at home?		
Cats at home?		
Other furry pets?		
Do you have bedding for your pets?		
Do you have carpet?		
Do you participate in outdoor sports or activities?		

Patient/Parent Signature: _________________________________ MD Signature: __________________________

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