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In order to prepare for your upcoming allergy testing:

- Please review the **Medications To Avoid** to determine *if and when* you need to stop any medications you may be taking. Also note the supplements at the bottom of the page.

- Please fill out the **allergy questionnaire** prior to your visit.

- Please note, the time it takes to test each patient varies but you should set aside a minimum of **1½ hours** for your appointment.

- Please be sure you have eaten a substantial meal and are well hydrated prior to your testing.

Please wear a short sleeve shirt because we will be testing on your upper and lower arms.

28080 Grand River
Suite 208
Farmington Hills, MI 48336
(248) 477-7020
Fax (248) 477-2440

25500 Meadowbrook Rd
Suite 220
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(248) 477-7020
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ALLERGY TESTING INFORMATION

We perform allergy testing with a series of skin pricks (scratch testing) followed by an intradermal test to determine the degree of sensitivity. We test for 30 different inhaled allergens (pollens, grasses, weeds, molds, pets). If your doctor determines that it is necessary, we will also test for 10 different foods. We suggest wearing a short sleeve T-shirt due to the fact that testing is done on the arm in most cases. Eat a small meal or snack about one hour prior to testing, as it *can take up to 1 ½ hours to complete all testing*. Please fill out our allergy questionnaire and bring it to your testing appointment. Finally, please note that you will need to schedule a ***separate office visit*** to review test results and treatment options with the physician.

MEDICATIONS TO AVOID FOR ALLERGY TESTING

You MUST stay off of all antihistamines for at least 48 hours (unless instructed otherwise in parentheses) prior to your Allergy Skin Testing. Please consult the list below, as some medications may need to be avoided for a longer period of time. **If you are taking a beta blocker medication you will need to contact us for further instructions** at (248) 477-7020 (Novi) or (810) 844-7680 (Brighton). Please ask us if you are not sure what medications are considered beta blockers, we will be happy to help you.

AVOID ANY OF THESE MEDICATIONS FOR AT LEAST 48 HOURS!!

ACTIFED (4 DAYS)
ADAPIN (12 DAYS)
ALKA SELTZER PLUS
ALLEGRA
ALLERCHLOR (3 DAYS)
ALLEREST
ALLERHIST (10 DAYS)
ANTIVERT (7 DAYS)
ASTELIN (7 DAYS)
ASTEPRO (7 DAYS)
ATARAX (10 DAYS)
ATROHIST
AZATADINE
B C COLDS
BENEDRYL (3 DAYS)
BREXIN
BROMFED
BROMPHENIRAMINE
CALM-AID (3 DAYS)
CARBOXINOXAMINE
CEROSE-DM
CETIRIZINE 5 DAYS
CHERACOL PLUS
CHERACOL SINUS
CHLOAMINE (3 DAYS)
CHLORTRIMETON (3 DAYS)
CHLORAFED
CHLORPHENRAMINE
CHLORPROMAZINE
CLARINEX (7 DAYS)
CLARITIN (7 DAYS)
CODIMOL
COMHIST
COMPAZINE
COMPOZ (3 DAYS)
COMTREX
CONTAC
CORICIDIN
CYPROHEPTADINE HCL

D A CHEWABLE
DA II
DAYQUIL
DECONAMINE
DESLORATADINE (5 DAYS)
DEXBROMPHENIRAME
DIMETANE
DIMETAPP
DIPHEDRYL (3 DAYS)
DIPHEN 3 DAYS
DIPHENHYDRAMINE
DORCOL
DOXEPIN
DRISTAN
DRIXORAL (3 DAYS)
DURA VENT DA
EFFIDAC
EXTENDRYL
FEDAHIST
FEXOFENADINE
4-WAY COLD TABLETS
GENAHIST (3 DAYS)
HISMANAL (6 WEEKS)
HYCOMINE COMP.
HYDRAMINE
HYDROXYZINE HCL
HYDROXYZINE
ISOCLOR
KRONOFED
LORATADINE (5 DAYS)
MEDIFLU
MIDOL
MIZOLASTINE
NALDECON
NOLAHIST
NOLAMINE
NOVAFED A
NOVAHISTINE DH
NU-MED (3 DAYS)

NYQUIL
NYTOL (3 DAYS)
OPTIMINE
OPTIVAR
ORNADE
ORTHOXICOL
PAMPRIN
PATANASE (7 DAYS)
PBZ
PEDIACARE
PERIACTIN (7 DAYS)
PHENERGAN (7 DAYS)
PHENINDAMINE
PHENINDAMINE
PHENYLTOLOXAMINE
POLARAMINE
PREMYSN PMS
PROMETHAZINE (3 DAYS)
PROREX
PYRILAMINE
PYRROXATE
QUELIDRINE
QUINTADRILL (10 DAYS)
REZINE (10 DAYS)
RIDRAMAN (3 DAYS)
ROBITUSSIN NIGHT RELIEF
RONDEC
RU-TUSS
RYNA
RYNATAN
RYNATUSS
SCOT-TUSSIN
SELDANE (10 DAYS)
SEMPREX D
SINAREST
SINE-OFF
SINGLET
SINUBID
SINULIN
SINUTAB

SOMINEX (3 DAYS)
SUDAFED PLUS (3 DAYS)
TAVIST (3 DAYS)
TELDRIN
TEMARIL
TERFENADINE
THERA FLU
TOFRANIL
TRIAMINIC
TRIAMINICIN
TRIMEPRAZINE
TRINALIN (3 DAYS)
TRIPELENNAMINE HCL
TRIPROLISINE HCL
TUSSEND
TUSSIONEX
TWILITE (3 DAYS)
TYLENOL ALLERGY / SINUS
TYLENOL COLD TABS
TYLENOL PM (3 DAYS)
UNISOM (3 DAYS)
VICKS CHILDREN'S NYQUIL
VICKS FORMULA 44
VISTANIL
VISTARIL CAPS & SUSPENSION
XYZAL (7 DAYS)
ZONALON (14 DAYS)
ZYRTEC (7 DAYS)

EYE DROPS:
ALOMIDE
LIVOSTIN
OPTIVAR
PATANOL
EMADINE
PATADAY
ELESTAT
NAPHCON-A
OPTRON-A
VISINE & VISINE A

Some supplements also have an effect on skin testing. Please discontinue use of any of the following items for at least 72 hours prior to your test: Vitamin C, Licorice Green Tea, Saw Palmetto, St. John's Wort, Feverfew, Milk Thistle, Astragalus

SINGULAIR AND STEROID NASAL SPRAYS CAN BE CONTINUED
PREDNISONE SHOULD NOT BE TAKEN THE DAY OF ALLERGY TESTING
PLEASE CONTINUE ASTHMA MEDICATIONS...

YOU ARE SCHEDULED FOR ALLERGY TESTING ON: ____ ____________AM/PM

Please feel free to call should you have any questions or concerns regarding your allergy testing

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ENT specialists, p.c.

Ear, Nose, Throat • Head and Neck Surgery • Otology
Allergy • Hearing Aids • Facial Plastics • Audiology

ALLERGY QUESTIONAIRE

Patient Name: Date:

Do you have any of these symptoms? (Please check)
☐ Cough ☐ Runny Nose ☐ Nasal Polyps ☐ Eczema ☐ Wheezing ☐ Nasal Congestion
☐ Poor Sense of Smell ☐ Hives / Swelling ☐ Shortness of breath ☐ Itchy Nose ☐ Ear Infections ☐ Headaches
☐ Chest tightness ☐ Itchy / Watery Eyes ☐ Sinus Infections ☐ Snoring
☐ Sneezing ☐ Postnasal Drip ☐ Blocked Ears ☐ Fatigue
☐ Phlegm /Sputum (color) ____________________ ☐ Other (please specify):

Check any of the following which seem to trigger (or cause) symptoms or bother you:
☐ Grass ☐ Cats ☐ Cosmetics ☐ Drafts ☐ Aerosol sprays ☐ Hay ☐ Dogs
☐ Nervousness ☐ House dust ☐ Cold Air ☐ Horses ☐ Mold and Mildew ☐ Perfumes ☐ Smoke
☐ Humidity ☐ Basements ☐ Other animals ☐ Insecticides ☐ Weather changes ☐ Pollution ☐ Leaves
☐ Alcoholic beverages ☐ Odors ☐ Exercise ☐ Latex (rubber)
☐ Other (please specify):

When are your symptoms worse? ☐ Year Round
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Are symptoms better out of the home? ☐ Yes ☐ No If Yes, when? ___________________
Have you been skin tested? ☐ Yes ☐ No
Results: ____
Have you had allergy injections? ☐ Yes ☐ No When: ___________________________
Do you have Meniere's disease? ☐ Yes ☐ No
Have you received steroids (prednisone, methylprednisolone, etc.) for allergy symptoms? ☐ Yes ☐ No
Any chemical or dust exposure at work or school? ☐ Yes ☐ No What:____________________________

Are you taking a beta blocker medication? ☐ Yes ☐ No
Have you ever had a severe allergic response? ☐ Yes ☐ No If so, did this require hospitalization? ☐ Yes ☐ No
Are you pregnant or trying to become pregnant? ☐ Yes ☐ No

ENVIRONMENTAL SURVEY
How long have you lived in your house/apartment? ____
Do you live in a ☐ House ☐ Apartment/Duplex ☐ Condominium/Townhouse
Approximately how old is your house/apartment/condo? ____
Do you live ☐ In the city ☐ In the suburbs ☐ Rural areas
Do you have a basement? ☐ Yes ☐ No
Is your house built on a slab? ☐ Yes ☐ No
Type of heating system: ☐ Hot Air ☐ Steam (radiator) ☐ Electric ☐ Hot water (baseboard)
Do you have any of the following: ☐ Wood /Coal Stove ☐ Humidifier ☐ Dehumidifier ☐ Air cleaner
Pets (number): ☐ None ☐ Cats ____ ☐ Dogs ____ ☐ Birds ____ ☐ Other _______
Are there any tobacco smokers in your home? ☐ Yes ☐ No
Is your bedroom in the basement? ☐ Yes ☐ No
Do you have allergy proof encasing for pillow or mattress? ☐ Yes ☐ No
What type of pillows do you have? ________________________________
What type of comforter do you have? ________________________________
What type of floor covering do you have in your bedroom? ☐ Wall to wall ☐ Area Rug ☐ Animal skin ☐ Bare floor
How old is your mattress? ___________________What is in your mattress (i.e. foam, cotton/horse hair) ________________________
Do you have air conditioning? ☐ Yes ☐ No If Yes, ☐ Window Unit ☐ Central
Do you have problems with roaches or mice? ☐ Yes ☐ No
Do you have water leaks, mold contamination? ☐ Yes ☐ No
Is your home/apartment excessively humid? ☐ Yes ☐ No