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Prepare for your Allergy Test:

- Please review the **"Medications to Avoid"** to determine if and when you need to stop any medications. ****Please note the supplements at the bottom of the page****
- No allergy testing can be administered within 48 hours before OR after receiving a flu shot.
- Please make sure you have filled out the allergy questionnaire prior to your visit.
- Please be sure you have eaten a substantial meal and are well hydrated prior to your testing.
- Please wear a short sleeve shirt or tank top because we will be testing on your upper and lower arms.
- Please note, the time it takes to test each patient varies but you should set aside a minimum of 1½ hours for your appointment.
- We will be checking your deductible prior to your testing date. Deductibles with a remaining balance of $500.00 or higher will require a $200.00 deposit before testing can be administered. If you are unsure about your deductible/insurance coverage please call your insurance carrier.

- ✓ ***BETA BLOCKERS CANNOT BE TAKEN AT LEAST 48 HOURS PRIOR TO TESTING – CONTACT THE PHYSICIAN WHO PRESCRIBED THE MEDICATION TO ADVISE YOU ON AN ALTERNATIVE.***
- ✓ ***PREDNISONE SHOULD NOT BE TAKEN THE DAY OF ALLERGY TESTING***
- ✓ ***SINGULAIR AND STEROID NASAL SPRAYS CAN BE CONTINUED UP TO 24 HOURS PRIOR***
- ✓ ***PLEASE CONTINUE ASTHMA MEDICATIONS***
- ✓ ***PLEASE BRING YOUR INHALER WITH YOU ON THE DAY OF THE TEST IF YOU USE ONE REGULARLY***

Cancellation Policy

Please be prepared to spend about 1½ hours of time in our office the day of your allergy testing. This time has been blocked off for you so that we can concentrate on your comfort and ensure that test accuracy is maintained. If you fail to appear for your appointment or cancel with short notice the time cannot be utilized for other testing patients.

In the event that you are unable to keep your appointment, please be kind enough to give us at least 48 hours notice so that we may allow another patient to be tested during this period.

There will be a $35 fee appended to your statement for cancellations/rescheduling with less than 48-hour notice and "no shows."

I have read and understand the above statement.

Patient Signature:_____ Date:_____

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YOU ARE SCHEDULED FOR ALLERGY TESTING ON:_____AM/PM

****Any individual under the age of 18 must be accompanied by a parent during allergy testing****

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ALLERGY TESTING INFORMATION

- We perform allergy testing with a series of skin pricks on the forearm, followed by an intradermal pricks on the upper arm to determine the degree of sensitivity. We test for 30 different inhaled allergens (pollens, grasses, weeds, molds, dust, pets) and 10 food allergens (Codfish, Corn, Whole Egg, Cow's Milk, Peanuts, Shrimp, Soy, Tuna, Walnut, Whole Wheat).
- **We suggest wearing a short sleeve T-shirt due to the fact that testing is done on the upper and lower arms.**
- Please have a substantial meal – the test can take up to*1 ½ hours* to complete.
- 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→**48-72 hours prior** to allergy testing

Note the extended times found in parentheses

ACTIFED (4 DAYS)
ADAPIN (12 DAYS)
ALKA SELTZER PLUS
ALLEGRA (7 DAYS)
ALLERCHLOR (3 DAYS)
ALLEREST
ALLERHIST (10 DAYS)
ANTIVERT (7 DAYS)
ASTELIN (7 Days)
ASTEPRO (7 DAYS)
ATARAX (10 DAYS)
ATROHIST
AZATADINE
AZELASTINE (7 DAYS)
B C COLDS
BENEDRYL (5 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 (5 days)
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 (7 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
ALAWAY
LIVOSTIN
KETOTIFEN
OPTIVAR
PATANOL
PATADAY
EMADINE
ELESTAT
ZADITOR
VISINE A
OPTRON-A
NAPHCON-A

SUPPLEMENTS TO AVOID (72hrs PRIOR to testing)

VITAMIN C	LICORICE GREEN TEA	SAW PALMETTO	ST. JOHN'S WORT
FEVERFEW	MILK THISTLE	ASTRAGALUS	

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BETA BLOCKERS

Beta Blockers and Allergy Testing / Injections

- Beta blockers are used to treat high blood pressure, heart disease and headaches.
- Beta blocker eye drops are often used to treat glaucoma.
- If you are on a beta blocker medication we recommend that you talk with your primary care physician about switching to another medication prior to allergy testing or treatment with allergy injections.
- **Your doctor is the only one who can safely change this medicine.**
- You should never stop your beta blocker or any other prescription drug without checking with the physician that prescribed it first.
- Beta blockers make it much more difficult to reverse a systemic reaction to allergy injections. Beta blockers have also been shown to increase the possibility that a patient may experience a severe allergic reaction.

Review the list of beta blockers and beta blocker eye drops below and inform us if you use any of these medications.

ORAL BETA BLOCKERS

acebutolol
atenolol
Betapace
betaxolol
bisoprolol
Blocadren
Bystolic
carteolol
Cartrol
carvedilol
Coreg
Corgard
Corzide
Inderal
Inderide
Kerlone
labetalol
Levatol
Lopressor
metoprolol
nadolol
nadol
nebivolol
Normodyne
Normozide
penbutolol
pindolol
propranolol
Sectral
sotalol
Tenoretic
Tenormin
Timolide
timolol
Toprol
Trandate
Visken
Zebeta
Ziac

TOPICAL EYE DROPS

AK Beta
Betagan
Betoptic
betaxolol
carteolol
levobunolol
metipranolol
Optipranolol
Ocupress
timolol
Timoptic

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Allergy Benefits Verification

You are scheduled for an upcoming allergy test on: _____@ _____ am/pm. As the patient, it is your responsibility to know the coverage and limitations with you health insurance plan.

You may want to contact your insurance company prior to the testing to verify your benefits. Below are the codes we use to bill your insurance company. You can use them to verify your coverage.

- **95004: Allergy Skin Test, Percutaneous (38 units)**
- **95024: Allergy Skin Test, Intradermal (42 units)**

If you have any questions regarding your appointment please contact the office.

ATTENTION PATIENTS WITH HIGH DEDUCTIBLES

If you have a yearly deductible with a remaining balance over $500, it is our policy to collect a $200 deposit prior to testing. The deposit **will be collected at check-in** the day of the appointment.

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ALLERGY QUESTIONNAIRE

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 that 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 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