

Allergy Testing and Treatment

Allergy Testing

We test for 38 different allergens - weeds, grasses, trees, dust mites, molds, dander, and cockroach. We do a combination of 2 different types of test. Percutaneous technique (applied on the upper back) and intradermal dilutional testing (applied on the upper arms). The testing takes approximately 2 - 2 ½ hours, a lot of this time is utilized in patient education.

Allergy Treatment - Injections

The testing gives us the information needed to make up your allergy serum. We customize treatment sets based on your degree of sensitivity to each allergen. Injecting you with these allergens stimulates your body to produce blocking antibodies to those allergens. If you choose to go on allergy injections, you will be required to come to our office one day a week. Reaching a maintenance dose will depend on how consistent you are in coming each week for an injection as well as how you tolerate the injections. During the build up process you will be required to wait for 20 minutes after the injection - 97% incidence that if you are going to have a reaction it will occur in 20 minutes.

Epipen

It is required that you carry an Epipen and Benadryl on the day of your allergy injection as long as you are taking allergy injections. You will be instructed how and when to use the Epipen when you are here for your allergy testing.

Time Commitment

Allergy injections improve symptoms in 85 - 90% of patients. If the allergy injections are benefiting you, it is recommended that you remain on the injections for a minimum of 3-5 years with the understanding that when you stop your injections your blocking antibodies should remain elevated for another 5-7 years. Allergies are not curable so there is a chance that your symptoms could return and possible that may need to be retested and go back on injections. Your injections will be weekly for 1-2 years, our goal is for the patient to go 2-3 weeks between injections. Some patients choose to remain on allergy injections indefinitely taking 1 shot every 2-3 weeks so they don't ever get to the point of having symptoms again. There are no long term side effects for being on allergy injections.

Preparation for testing

You will be given a preparation for allergy testing sheet as well as a history form which needs to be completed and returned on the day of testing. Once testing is completed, you may resume taking your antihistamines. The goal of allergy injections is to decrease the amount of daily medications you are currently taking. **Some patients start to notice improvement in symptoms within weeks.**

PREPARATION FOR ALLERGY TESTING

Your doctor has ordered allergy testing. Our office test for 38 different allergens (molds, dust mites, pollens, dander, and cockroach).

DO NOT

Do not take Claritin, Clarinex, Zyrtec, Xyzal, or Allegra for 7 days prior to the allergy testing.

Do not take over the counter antihistamines (Benadryl, cold & sinus medications, sleep aids like Tylenol PM) 3 days before the allergy testing.

Do not take medications such as Tagament, Pepcid, or Zantac 1 day prior to testing, as these contain antihistamines.

Do not take a tricyclic antidepressant medication. Please inform the allergy nurse if you do. These medications must be stopped 3 weeks prior to the allergy testing with the permission of the prescribing physician. (Not all antidepressant medications are tricyclic).

Do not take a beta-blocker medication. Please inform the allergy nurse if you do. Beta-blockers are medications used for treatment of high blood pressure, migraine headaches, heart problems, performance anxiety or glaucoma (eye drops).

Do not wear cologne, scented body lotion or hair spray. Other allergy patients could be sensitive to fragrances. Deodorant is fine.

TAKING ANY OF THE ABOVE MEDICATIONS CAN ALTER YOUR ALLERGY TEST RESULTS, OR MAKE TESTING DANGEROUS!! IF YOU ARE UNSURE ABOUT A MEDICATION, PLEASE ASK YOUR DOCTOR.

DO

You may continue to use steroid nasal sprays. You **may not** use antihistamine nasal sprays (i.e. Astelin, Astepro, Patanase, etc.) for 3 days prior to testing.

It is not necessary to be fasting or on a special diet for the test.

On the day of your testing, the results will be reviewed. All medications can be resumed after testing. After testing, you will begin your allergy treatment. You will be required to have your injections given in our office with a 20 minute wait.

In an effort to make this test accessible for all our patients, we appreciate a 24 hour notice for cancellation. The failure to cancel your appointment may result in a \$50 administrative fee.

ALLERGY HISTORY

Date: _____

Patient Name: _____ Date of Birth: _____ Gender: ___M ___F
Home # _____ Work # _____ Mobile # _____

Present Symptoms _____
Ever had allergy testing or injections? _____ Were you able to tolerate the tests and injections? If no, explain _____

Any known allergy to medications? YES/NO. If yes, what? _____
Any known allergy to foods? YES/NO. If yes, what? _____
Any known allergy to animals? YES/NO. If yes, what? _____

Please mark the situations that apply to you
SYMPTOMS OF POLLEN ALLERGY: (usually important in warm weather)

- ___ Aggravated outdoors
- ___ Aggravated on windy days
- ___ Itching of the eyes
- ___ Aggravated on clear days
- ___ Aggravated outdoors 7:00 a.m. to 11:00 a.m.
- ___ Improved indoors
- ___ Improved in air conditioning
- ___ Aggravated when going from air conditioned room to the open air

SYMPTOMS OF DUST ALLERGY: (more important in cold weather)

- ___ Aggravated indoors
- ___ Improved outdoors
- ___ Increased within 30 minutes after going to bed
- ___ Reoccur or increase each year with the return of cold weather
- ___ Nasal symptoms with little or no itching of eyes
- ___ Aggravated with air conditioning
- ___ Increased when dusting or sweeping

SYMPTOMS OF MOLD ALLERGY:

- ___ Aggravated outdoors between 4:30 p.m. to 8:30 p.m.
- ___ Increased by cool evening air (early evening)
- ___ Aggravated while mowing or playing on grass
- ___ Aggravated from mid August to November
- ___ Aggravated from fall to first frost
- ___ Definitely increased around end of October
- ___ Aggravated with north wind, September to December

SYMPTOMS FROM SPECIFIC CONTACTS

- ___ Aggravated in house after lights have been on about an hour
- ___ Aggravated in a certain room? Which one _____
- ___ Aggravated in a basement
- ___ Aggravated in barns
- ___ React in a home with cats
- ___ React in a home with dogs
- ___ Aggravated in your house, but not in others

Please rate your symptoms 1-5 (1 is low degree of symptom and 5 is high degree of symptom)

EYES: (itchy, watery, or swelling)	1	2	3	4	5
EARS: (itchy, draining, or congested)	1	2	3	4	5
NOSE: (runny or congested)	1	2	3	4	5
HEADACHES: (allergy related)	1	2	3	4	5
POST NASAL DRIP	1	2	3	4	5
COUGH: (allergy related)	1	2	3	4	5
SNEEZING	1	2	3	4	5

Patient Signature

CHENAL FAMILY PRACTICE

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

In an effort to comply with current HIPAA (Health Insurance Portability Accountability Act) regulations, we need you to complete the following information:

Please list any persons other than your doctor with whom we may discuss your private health information or financial matters:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In the event that we are unable to reach you personally, do you give your permission for Dr. _____ or one of his office staff to leave a message on your answering machine and/or leave a message with someone at your home phone number concerning your private health information or financial matters?

YES ___ NO ___

In accordance with HIPAA standards, CHENAL FAMILY PRACTICE has a document called the [Notice of Privacy Practices](#)

Patient or legally authorized individual signature

Date

Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.) _____