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505 Poplar Street, Suite 110
Meadville, PA 16335-3057

Allergy Skin Testing Information Sheet

Patient Name:

Date of Test:

Time:

A LARGE BLOCK OF TIME IS RESERVED FOR YOUR ALLERGY TEST. IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT AS SCHEDULED, PLEASE CONTACT OUR OFFICE AS SOON AS POSSIBLE. IF YOU DO NOT SHOW UP FOR YOUR APPOINTMENT WITHOUT ADVANCE NOTICE, A NO SHOW FEE OF \$100 WILL BE APPLIED, AND FURTHER APPOINTMENTS MAY NOT BE SCHEDULED. 814-677-9108 / 814-373-3070 / 724-458-0511

1. **Intradermal Allergy Skin Testing has been recommended for you to further evaluate your problems. The intradermal skin test involves multiple skin pricks on the upper outer arm and takes approximately 3 to 3½ hours to complete.**
2. **Wear sleeveless or a very short sleeve non-restrictive shirt to allow access to the upper arm from the shoulder to the elbow.**
3. **Notify the allergy department if:**
 - a. **You are or suspect you may be pregnant**
 - b. **You become acutely ill with an infection**
 - c. **Your allergy symptoms intensify**
4. **You may bring your work materials, books, magazines, snacks and food. Bring a sweater; the test area can be chilly. Smoking is NOT permitted during testing. If you do smoke, please do not come to the appointment smelling of smoke - others may be sensitive.**
5. **Do NOT wear perfume or cologne during the test, as others may be sensitive to strong odors.**
6. **Eat an adequate breakfast or lunch the day of the test and arrive on time for your scheduled appointment.**
7. **Do not arrive for your skin testing with a sunburn (even slight sun exposure) on your upper outer arms or forearms, as it is impossible to correctly interpret your skin test.**
8. **Strenuous physical activity will not be permitted the day of testing (before or after). Adjust your schedule accordingly.**
9. **Serious reactions can occur at any time during the test.**

MEDICATION RESTRICTIONS

1. Medication restrictions must be followed to ensure an accurate test.
2. **Any medication prescribed by your physician for a chronic medical problem should not be discontinued unless specifically directed by or the nursing staff.**
3. Do NOT take aspirin, ibuprofen or naproxen for 48 hours prior to skin testing:
-Aspirin -Ibuprofen -Motrin -Nuprin -Aleve -Naproxen
You may continue anti-inflammatory medications such as Celebrex or Vioxx. You may take Tylenol (acetaminophen) as needed for headaches.
4. Notify the staff PRIOR to scheduling your test if you are taking beta-blocking medication.
5. Try to avoid the following medications prior to skin testing. However, if your allergy symptoms intensify, you may take the following medications for up to 2 days before your skin test: -Benadryl -Chlortrimeton
6. Stop the following antihistamines and decongestants for 7 days prior to skin testing (this is NOT a complete list. Please check labels on over-the-counter medications):

Actifed	Comtrex	Sudafed
Alka Seltzer	Contac	Tavist
Allavert	Dimetane	Triaminic
Allegra (Fexofenadine)	Dimetapp	Trinalin
Allegra D	Dristan	Tylenol Cold
Allerest	Naldecon	Tylenol PM
Antivert	Nyquil	Xyzal
Clarinet	Robitussin	Zyrtec (Certirizine)
Claritin (Loratadine)	Sinutab	Mucinex D
7. The following drugs also interfere with skin testing and should be avoided for 7 days before testing:
-Atarax -Phenergan -Periactin
-Vistaril -Thorazine
8. The following nasal sprays and other medications **DO NOT interfere** with skin testing and may be continued prior to skin testing:
Nasal Spray: -Astelin -Flonase -Nasacort -Veramyst
 -Nasarel -Nasonex -Rhinocort -Astepro
Other: -Mucinex
9. Notify the nursing staff if you are taking sedatives or tranquilizers. **DO NOT discontinue these medications** but, if possible, do not take this medication the morning of your skin test.
10. Notify the nursing staff if you are taking antidepressants. **DO NOT discontinue these medications** - take them as directed by the prescribing physician.
11. The following gastrointestinal medications should be discontinued for 3 days before the test:
-Axid -Pepcid
-Tagamet -Zantac
You may take any other reflux/heart burn medication.
12. A daily maintenance dose of a steroid (taken for a chronic condition) does not interfere with skin testing. **DO NOT discontinue this medication prior to skin testing.** Please notify our office if a non-routine steroid is ordered prior to testing. Non-routine would include:
-Prednisone taper -Medrol dose pack -Steroid injections
13. **Inhaled medications used for the treatment of asthma should be continued.** Please remember to bring your inhalers with you to your skin testing appointment.
14. Do not take any vitamins or herbal supplements for 2 days prior to testing.
15. If any new medications are ordered prior to skin testing, please contact the office.
16. It is very important to contact the office at least 5 days before or as soon as possible to cancel skin testing.

Patient: _____ Date: _____

ALLERGY HISTORY

To be filled out by patient. Your answers to the following questions will help determine the cause of your allergy symptoms. It is important to check (✓) each question as accurately as possible.

<p>Have trouble with your skin?</p> <p>Eczema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Hives <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Have trouble with your throat?</p> <p>Frequently sore/drainage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Itching throat/mouth <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Have trouble with your chest?</p> <p>Wheezing with colds <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Wheezing when exposed to dust, pollen, animal, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>Wheezing/cough after exercise <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>During what months do you usually have these symptoms:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">All months</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>January</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>February</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>March</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>April</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> 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type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>At home <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>At work <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Time of Day:</p> <p>Morning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Afternoon <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>At night <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Weather/change in weather:</p> <p>Wet weather <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Dry weather <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Windy Day <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Hot Day <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Cold Day <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Environment:</p> <p>Air conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Damp areas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>In barns <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Around hay <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Mowing lawn <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Dust <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>High air pollution <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Animals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Cooking odors <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Smoke <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Soap powder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Insecticides <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Paint fumes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Perfumes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Cosmetics <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Newspapers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Wool <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Exposure to smoke</p> <p>Smokers in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>No. years smoked: _____</p> <p>Year stopped smoking: _____</p> <p>Where do you live?</p> <p>In the city <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>In the suburbs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p>	<p>Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>House <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Apartment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Is your dwelling:</p> <p>New <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>3-10 years old <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>11-25 years old <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Know</p> <p>Bedding</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Do you sleep with a pillow?</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Is it dacron/synthetic?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is it foam rubber?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is it feather?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (describe) _____</td> <td><input type="checkbox"/></td> <td><input 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Is heat delivered by:

Blower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have animals in your home? (list):

Have you ever had animals in your home? (list):

anything to do with your symptoms?

Do you think that any materials used in your occupation have something to do with your condition? Describe materials

Describe the symptoms that bother you most:

At work, are your symptoms:

Better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When did your condition begin?

Do any of your blood relatives have allergies?

Have you ever had a skin test for allergies?

Did the skin test indicate allergies?

To what allergens?

History of Anaphylaxis?

Describe:

Do you have a history of food allergy

Is there anything else about your problem that you think might be important or unusual?

Do you spend a good deal of time in activities? Yes No Don't Know

Hobbies (list):

Sports (list):

Other (list):

Describe your occupation:

Do you think your occupation has

Yes	No	Don't Know
-----	----	------------

Do you take a Beta-Blocker

Name of medication

Emergency Contact: _____ Phone: _____

NOTES: _____
