



15900 La Cantera Pkwy, Suite 20210
San Antonio, TX 78256
(210) 607-4687

745 W. San Antonio, Suite 200
Boerne, Tx 78006
(830) 816-3838

ALLERGY TESTING INFORMATION

1. On the day of testing please wear a short-sleeved shirt that can be pushed up comfortably to your shoulder. Allow 1-2 hours for your test session. You will need to stay on the premises during this time. Please do not bring children to your appointment.
2. Remember to STOP TAKING ANTIHISTAMINES and DECONGESTANTS at least 7 days before your appointment (See attachment for stop times concerning individual meds.). Please inform the staff of any medications you are taking that would prevent you from being tested (See attached forms).
3. Allergy testing is done on your lower forearm with tiny applicators that abrade the surface of the skin. Each device contains fluid (extracts) from native Texas allergens. If you are allergic to any of the antigens, you will get a raised, itchy bump that resembles a large mosquito bite.
4. Insurance pre-certification will be done prior to your appointment. Patients will be informed of charges not covered by insurance and will be responsible for all charges not covered at the time of testing.

I, _____, have read and understand the above
(Print Name)

Information and attachments.

Signature/Date _____ / _____

Witness _____



15900 La Cantera Pkwy, Suite 20210
San Antonio, TX 78256
(210) 607-4687

745 W. San Antonio, Suite 200
Boerne, Tx 78006
(830) 816-3838

ADDITIONAL ALLERGY HISTORY

Name _____ DOB ____/____/____

State problems you wish to discuss:

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Nasal Congestion | <input type="checkbox"/> Eye Problems |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Rashes | <input type="checkbox"/> Food Sensitivities | <input type="checkbox"/> Sinus Infections | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Reflux | |

When did it begin? _____

Worse at night/day? _____

Check months most severe:

All months

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

Pets

Which of these do you have as pets or exposed to:

- | | | | | |
|---------------------------------|-------------------------------|---------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | <input type="checkbox"/> Bird | <input type="checkbox"/> Horse | <input type="checkbox"/> Hamster |
| <input type="checkbox"/> Rabbit | <input type="checkbox"/> Cows | <input type="checkbox"/> Other: _____ | | |

Is your condition worse around pets? Yes No

Specify: _____

Are you pregnant now? Yes No

Patient Signature _____



15900 La Cantera Pkwy, Suite 20210
San Antonio, TX 78256
(210) 607-4687

745 W. San Antonio, Suite 200
Boerne, Tx 78006
(830) 816-3838

Skin Testing Information and Consent

1. Skin Testing

An allergy skin test is used to identify the substances that are causing your allergy symptoms. We will apply several extracts of common allergens to the skin and observe for a reaction. The reactions are then graded and confirmatory intradermal testing may be performed. This involves injecting a small amount of extract under the skin of the upper arm. We then observe the reaction and record the results.

2. Risks of Skin Testing

Bleeding and infection may occur due to the abrading of the skin. Any time the skin integrity is broken it puts one at risk for infection. However, this is a very rare occurrence. The antigens used for testing are sterile and approved by the FDA. Occasionally, skin testing can trigger a severe allergic reaction requiring treatment with medications available in our office and/or the ER. Patients with asthma are at increased risk for triggering an asthma attack during testing. You should not undergo testing if you feel that your allergy or asthma symptoms are currently under poor control.

3. Contra Indications to Skin Testing

Woman who are pregnant or anyone who is currently taking Beta-blocker medications should not have skin testing done. If you have taken any antihistamines, on the list provided, within the specified time prior to your appointment testing will not be performed. These medications interfere with the immune process needed for a reliable test. Please be sure to inform us of all medications you have taken before the skin test is applied. **(You must discontinue ALL ANTIHISTAMINES a minimum of 7 days prior to testing).** Patients on **Beta-blockers will NOT** be skin tested because death may occur. If you are not sure if you are taking an antihistamine or beta-blocker, please ask your pharmacist.

4. Consent for Skin Testing

I understand the risks and benefits of skin testing and all questions have been answered to my satisfaction. I consent to skin testing and understand that I am financially responsible for all charges not covered by my medical insurance. I understand that the fees incurred for allergy testing will be my responsibility to the extent that insurance deductible, co-payments, and allowables, may leave a balance. It is also my understanding that the insurance claims will be filed first, with the balance being billed to me following processing of the insurance claim(s).

NAME (Print) _____

Date _____

SIGNATURE _____

***** VERY IMPORTANT *****

**LET US KNOW IF YOU ARE TAKING ANY OF THE FOLLOWING
MEDICATIONS**

BETA BLOCKERS

Beta Pace (sotalol)
Blocadren (timolol maleate)
Brevibloc injection (esmolol)
Bystolic (nebivolol)
Coreg (carvedilol)
Cartrol (carteolol)
Corgard (nadolol)
Corzide (nadolol)
Inderide (propranolol)
Inderide LA (propranolol)
Inderol (propranolol)
Inderol injection (propranolol)
Kerlone (betaxolol hydrochloride)
Levatol (penbutolol sulfate)
Lopressor HCT (metoprolol)
Normodyne (labetalol)
Normozide (labetalol)
Sectral (acetabulol)
Tenoretic (atenolol)
Tenormin (atenolol)
Timolide (timolol maleate)
Toprol (metoprolol succinate)
Trandate (labetalol)
Trandate HCT (labetrol)
Visken (pindolol)
Zebeta (bisoprolol fumarate)
Ziac (bisoprolol)

TOPICAL BETA BLOCKERS

Betagan Liquifilm (levobunolol hydrochloride)
Betoptic (betaxolol hydrochloride)
Ocupress (carteolol hydrochloride)
Timoptic (timolol maleate)

TRICYCLIC ANTIDEPRESSANTS

Adepin (doxepin hydrochloride)
Anafranil (clomipramine hydrochloride)
Ascendin (amoxapine)
Elavil (amitriptyline pamoate) (amitriptyline hydrochloride)
Etrafon (amitriptyline)
Ludiomil (maprotiline hydrochloride)
Norfranil (imipramine hydrochloride)
Norpramin (desipramine hydrochloride)
Pamelor (nortriptyline hydrochloride)
Sinequan (doxepin hydrochloride)
Surmontil (trimipramine maleate)
Tofranil (imipramine pamoate)
Triadapin (doxepin hydrochloride)
Triptil (protriptyline hydrochloride)
Vivactil (protriptyline hydrochloride)

**MONOAMINE OXIDASE
INHIBITORS**

Marplan (isocarboxazid)
Nardil (pheneizine sulfate)
Parnate (tranlcypromine sulfate)

**PLEASE DO NOT STOP ANY PRESCRIPTION MEDICATION WITHOUT
DISCUSSING IT WITH THE DOCTOR FIRST. IF YOU ARE UNSURE PLEASE
CALL THE OFFICE.**

ANTI-HISTAMINES

YOU MUST STOP TAKING ALL ANTI-HISTAMINES 7 DAYS PRIOR TO THE ALLERGY TESTING.

PRESCRIPTION

Allegra (fexofenadine)
Allegra D (fexofenadine)
Atarax (hydroxyzine)
Benadryl prescription
(diphenhydramine)
Claritin D (loratidine)
Clarinex (desloratadine)
Lodrane (brompheniramine)
Periactin (cyproheptadine)
Phenergan (promethazine)
Vistaril (hydroxyzine)
Zyrtec (cetirizine)
Xyzal (levocetirizine)
Patanase (olopatadine hydrochloride)
Astelin or Astepro
Allergy Eye Drops (Pataday, Patanol,
Optivar)

OVER-THE-COUNTER

Benadryl (liquid or capsule form)
Dimetapp (brompheniramine maleate)
Chlor Trimeton
Chlorpheniramine maleate
Claritin (loratidine)
Dexchlorpheniramine maleate
Diphenhydramine hydrochloride
Promethazine HCL
Tavist, Tavist D (clemastine fumarate)
Triaminic
Tripeleminamine citrate or hydrochloride
Trimeprazine tartrate
Tripolidine hydrochloride
Tylenol PM
Tylenol Allergy & Sinus
Antacids (Tagamet, Zantac, Pepcid,
Pepcid AC, Axid)
Allergy eye drops (livostin)

IF YOU ARE UNSURE PLEASE CALL THE OFFICE AND ASK 210-607-4687

ALL VITAMINS AND HERBAL MEDICINES NEED TO BE DISCUSSED & STOPPED PRIOR TO TESTING. ESPECIALLY WATCH FOR VITAMIN C, ST. JOHN'S WORT AND GOLDENSEAL.

STOP ALL HERBAL ALLERGY SUPPLEMENTS 7 DAYS PRIOR TO TESTING