Vero ENT Allergy Center

1325 36th Street,
Suite A
Vero Beach, FL
32960

SKIN TESTING

You have been scheduled for allergy skin testing on _____, in our office. The testing will begin at _____ am/pm. Please plan to be in our office for at least 1 ½hours. Your follow up appointment with Dr. _____ will be on _____ to discuss your test results and treatment plan.

Prior to skin testing you **must be off all allergy medication, antihistamines,** (Claritin, Allegra, Zyrtec, Clarinex, Xyzal, Benadryl, Astelin, etc.) for a minimum of **three to four days.** These types of drugs may give a false negative result during the test. To help with your symptoms during that time you may take a decongestant (Sudafed if you do not have high blood pressure) and continue to use nasal sprays such as Rhinocort, or Flonase. However, use of Afrin or other over the counter nasal sprays are to be avoided unless specifically advised by Dr. _____.

Patients taking Beta Blockers, such as Tenormin, Inderal, or Lopressor may not have skin testing done until they have been off these drugs for **two weeks.** If you have any questions concerning your present medications, please ask us. We will be glad to let you know if any are Beta Blockers. Switching from Beta Blockers to other medications **MUST** be done under the supervision of a physician.

Skin testing is frequently used and an accepted form of allergy testing. There are no restrictions of food or beverages prior to testing. However, you will be able to drive yourself home and go about the rest of the days planned activities.

Should you have any further questions, please feel free to call our office.

Thank You,

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BETA BLOCKERS

Acebutolol (Sectral)

AK-Beta (Levobunolol)

Atenolol(Tenormin, Tenoretic)

Betagan (Levobunolol)

Betapace (Sotalol)

Betimol (Timolol)

Betoptic (Betaxolol)

Betaxolol (Kerlone)

Bisoprolol (Zebeta, Ziac)

Blocarden (Timolol)

CartrolFilmtab (Carteolol)

Cateolol (Cartrol)

Carvedilol (Coreg)

Esmolol (Brevibloc)

Labetolol (Normodyne, Trandate)

Metoprolol (Lopressor, Lopressor HCT, Toprol)

Nadolol (Corgard, Corzide)

Penbutolol (Levatol)

Pindolol (Visken)

Propranolol (Inderal, Inderide, Innopran)

Timolol (Blocadren, Timolide, Timoptic)

**Please check with your Primary Physician if you are on a blood pressure medication it may contain a Beta Blocker not listed above

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MEDICATIONS CONTRAINDICATED WITH ALLERGY SKIN TESTING

Anti-Histamines
Xyzal
Zyrtec/Zytec-D
Allegra/Allegra-D
Clarinex
Claritin/Claritin-D
Benadryl/Diphenhydramine
Astelin
Atarax/Hydroxyzine**Herbals**
AllerX
Phenergan
Promethazine
Meclizine/Antivert
**over the counter allergy/sinus/cold medicines

Antidepressants/Anti-Anxiety
Amitriptyline/Elavil/Vanatrip
Clomipramine/Anafranil
Doxepin/Sinequan/Zonalon
Imipramine/Tofranil
Amoxaine/Ascendin
Desipiramine/Norpramin
Maprotiline/Ludiomil
Nortriptyline/Aventyl/Pamelor
Protriptyline/Triptil/Vivactil
Trimipramine/Surmontil
Nefazodone/Serzone
Trazodone/Desyrel
Mirtazapine/Remeron
Alprazolam/Xanax
Clonazepam/Klonopin
Vistaril
Lorazepam/Ativan

H-2 Blockers (do not takemorning of test)
Tagamet/Cimetidine
Ranitidine/Zantac
Nizatidine/Axid
Famotidine/Pepcid

Licorice
Green Tea
Saw Palmetto
St. John's Wort
Feverfew
Milk Thistle

****You MUST stop taking all anti-histamines 3-4 days before the allergy test**

****If you are taking any anti-depressants or anti-anxiety meds, do NOT stop taking them—however, you must call the office and we will give you further instructions**

**** Singulair and nasal steroids (Flonase, Nasonex, Nasocort, Rhinocort) do not need to be discontinued**

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*Date:*_____

Patient Name: _____ Age: _____ Sex: ___ DOB: _____
Parent: _____ Phone: _____
Address: _____ Occupation: _____
City: _____ St: ___ ZIP: _____ Patient Number: _____

A. Major Complaints: (list each and when started)

1. _____
2. _____
3. _____
4. _____

B. General Symptoms: (check beside each symptom)

1. Pollen Allergy	**2. Dust Allergy**	**3. Mold Allergy**	**4. Contact Allergy**
_Worse outdoors	_Worse indoors	_Worse outdoors from 4 to 9 pm	_Worse with lights on
_Worse on windy days	_Better outdoors	_Worse on cool evenings	_Worse in specific rooms
_Worse on clear days	_Worse 30 minutes after retiring	_Worse in low, damp places	Which: _____ _____
_Worse outdoors 7 to 11 am	_Worse in cold weather	_Worse mowing or playing in grass	_Worse in basement
Worse in change of temperature	_Worse when sweeping	_Worse on windy days	_Worse near barn
_Worse in warm or cool air	_Worse when dusting		_Worse around animals
_Better indoors			Which: _____ _____
_Better outdoors			

5. Are symptoms constant or intermittent:_____?

6.During which months do you usually have symptoms			**7. During which months are symptoms most severe**		
_January	_June	_November	_January	_June	_November
_February	_July	_December	_February	_July	_December
_March	_August	_All	_March	_August	_All
_April	_September		_April	_September	
_May	_October		_May	_October	

8. How and when did the conditions begin: _____
_____
_____

9. Do you have an animal in the home?_____

10. Have you ever had an anaphylactic reaction and if so to what_____

C. Medical Information

1. What medications (prescription and OTC) do you take?

Aspirin	Birth Control	Nose drops/sprays	List others
Cortisone	Antibiotics	Hormones	
Tranquilizers	Vitamins	Antihistamines	
High Blood Pressure medication	Ointments	Decongestants	
Sedatives	Thyroid medication	Anticholesterol medications	

2. Which medications relieve allergy symptoms: _____

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SYMPTOMS OF ALLERGY REACTIONS

Below is a list of symptoms that you should be aware of after receiving an allergy shot and/or testing.

LOCAL SKIN REACTION
May occur 20 minutes to 36 hours after a skin test or injection

- Arm redness and swelling
- Enlarged skin whealing (after testing, size greater than a half-dollar)
- Hives

*Call our office immediately and we will give you instructions

SYSTEMIC REACTIONS (ANAPHYLAXIS)

Onset usually 15-20 minutes after a skin test or injection but can occur up to 2 hours later.

Difficulty breathing, shortness of breath
Wheezing or high pitched breathing sounds
Coughing
Feeling of throat closing
Blue skin especially nail beds/lips
Skin flushing/redness
Tongue, lip or throat swelling
Feeling of anxiety
Heart palpitations
Confusion
Chest pain
Nausea and/or vomiting
Hives/generalized itching

If any of these symptoms occur in the office, please alert staff at nurse's station or report to front desk immediately. If these symptoms occur outside the office, go to your nearest Emergency Room and then call the office.
You should keep the following items on hand at home in case you experience reactions:

- Prescription Epinephrine pen
- Benadryl
- Ice pack
- Hydrocortisone cream

*********Call immediately and we will give you instructions.**
*****Do not exercise the day you have an allergy shot, as this increases your risk of these reactions.**

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ALLERGY TESTING INSTRUCTIONS

- **Wear a short sleeve shirt the day of testing. A tank top or something similar is good.**
- **Please read medication sheet attached and note medications that you should not take before testing and how may days prior to discontinue use.**
- **Check the list of blood pressure medicines to verify yours does not contain a BETA BLOCKER.**
- **Please let us know if you have a latex allergy, history of asthma or if you are allergic to penicillin.**

MEN:
****We will be using your upper arms for testing. If you have excessive arm hair, please shave.**

****No cologne the day of testing.**

WOMEN:
**** No perfume, body sprays, etc.**
**** No creams or moisturizers applied to the arms the day of testing.**

If you have any questions, please do not hesitate to contact our office.

Thank you,

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