



Texas Sinus Center
San Antonio
9502 Huebner Rd, Ste 301
San Antonio, TX 78240
(210) 807-7254

Texas Sinus Center
Boerne
34910 IH-10 West, Bldg. 3
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 5 days before your appointment (See attachment for stop times concerning individual meds.). Please discontinue Astelin nasal spray 24 hours prior to testing. 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 _____



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ALLERGY HISTORY

Instructions

Carefully complete in full. Accuracy and thoroughness are essential. Print all answers. Relate all answers to your own experiences, not to previous advice on skin tests. This form must be completed prior to seeing the practitioner. *All information will be considered confidential.*

Name _____ DOB ____/____/____ Age _____

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 |

Check items that affect your symptoms

Are your symptoms made worse by:

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Wind | <input type="checkbox"/> Smoke | <input type="checkbox"/> Barns/Hay | <input type="checkbox"/> High pollution day |
| <input type="checkbox"/> Damp areas | <input type="checkbox"/> Soap | <input type="checkbox"/> Mowing lawns | <input type="checkbox"/> Insecticides |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Paint fumes | <input type="checkbox"/> Perfumes | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Weather change | <input type="checkbox"/> Wet weather | <input type="checkbox"/> Dry weather |
| <input type="checkbox"/> Cold day | <input type="checkbox"/> Air-conditioning | <input type="checkbox"/> Travel/Vacations | <input type="checkbox"/> Clorox |

- Perfume Ammonia Cleanser Room deodorants
- Detergent Tobacco smoke Wax Exhaust

Previous Allergy Treatment

1. Have you ever had skin testing done?

- Yes No If yes, by whom? _____

Last Date Tested: _____

2. Have you ever been treated with Allergy Shots?

- Yes No

If yes, what were you treated for?

- Grass pollens Molds Weed pollens Dust
 Tree pollens Animals

4. Did the Allergy Shots help you?

- Yes No Don't know

5. What years were the shots taken?

_____ to _____

Medical History

Asthma If so, ever hospitalized for asthma: _____

High blood pressure

What medication do you take to control it? _____

Recurrent Ear infections Recurrent sinus infections Repeated tonsillitis

Cancer: What type; _____

Heart trouble: What kind? _____

Diabetes: Type I or II

Are you pregnant now? Yes No **Last Period Date:** _____

Actively trying to conceive? Yes No

Other Medical conditions not mentioned: _____

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

- Dog Cat Bird Horse Hamster

Rabbit Cows Other: _____

Is your condition worse around pets? Yes No

Specify: _____

Allergies to Medications: _____

Patient Signature _____

Practitioners Signature _____ Date _____



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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 Atarax (Hydroxyzine), Xyzal and Zyrtec a minimum of 5 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)
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 (bisprolol)

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 (phenelzine sulfate)
Parnate (tranlcypromine sulfate)

PLEASE DO NOT STOP ANY PRESCRIPTION MEDICATION WITHOUT DISCUSSING IT WITH THE DOCTOR FIRST.

ANTI-HISTAMINES

YOU MUST STOP TAKING ALL ANTI-HISTAMINES 5 DAYS PRIOR TO THE ALLERGY TESTING.

PRESCRIPTION

Allegra (fexofenadine)
Allegra D (fexofenadine)
Atarax (hydroxyzine)
Benadryl prescription (diphenhydramine)
Claritin D (loratidine)
Clarinex (desloratadine)
Periactin (cyproheptadine)
Phenergan (promethazine)
Vistaril (hydroxyzine)
Zyrtec (cetirizine)
Xyzal (levocetirizine)
Patanase (olopatadine hydrochloride)

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, Patanol, etc.)

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 5 DAYS PRIOR TO TESTING.

HOW CAN YOUR ALLERGIES BE TREATED?

The best treatment for allergies is to identify the offending substances then carefully avoid exposure to them. This can be very effective for allergies to things like pets, dust mites and foods but is not possible for some allergies such as pollens, and mold spores.

Medications such as antihistamines, oral decongestants, nasal sprays, and bronchodilators may be effective in controlling your allergic symptoms. Medications may be used along with immunotherapy.

Immunotherapy, commonly referred to as “allergy shots” is a program designed to desensitize you to those substances to which you are allergic. A repeated injection of a sterile mixture (of those substances identified as causes of your allergies) allows your immune system to build up protection against them.

After several months of weekly injections or daily sublingual drops of increasingly stronger doses you will reach a maintenance dose and continue to receive that dose at regular intervals. The size of doses and length of intervals between doses depends greatly on your response to the therapy. Some people will receive complete symptom relief by taking immunotherapy.

An ongoing program of avoidance, medication, immunotherapy, or a combination of these methods, under the direct supervision of your doctor, is the best approach to controlling your allergies and allowing you to live more comfortably in your existing surroundings.