HUNTERDON OTOLARYNGOLOGY & Allergy Associates

Allergy Testing Appointment

Your consultation and testing appointment is scheduled with our allergist, Dr. Christine Muglia-Chopra on:

Date: _____

Time: _____

Location: ☐ Flemington office
☐ Hillsborough office

It is important that you read the attached patient information sheet regarding allergy skin testing and review the list of medications that may interfere with skin test results. Please do not discontinue medications without the consent of your prescribing physician.

Insurance: Please contact your insurance company, if you have questions regarding your covered benefits. If you participate in an HMO or referral-based plan, it is your responsibility to obtain a referral for this visit. Deductibles, coinsurance or copayments are your responsibility.

The following procedure codes may be submitted in addition to the physician's evaluation and management code:

Description	CPT Code	# of Units
Allergy Skin Testing	95004	40-50 (adults)
Allergy Skin Testing	95004	10-20 (pediatrics)
Spirometry	94010	1

If you are unable to keep this appointment, we request 48 HOURS NOTICE to avoid a $25 fee.

We look forward to seeing you at your appointment.

Sincerely,

The Allergy Department
at Hunterdon Otolaryngology & Allergy Associates
908-788-9131

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Patient Instruction Sheet for Allergy Skin Testing

Skin Test: Consists of introducing small amounts of an allergen into the skin and noting the development of a positive reaction (which consists of a welt or hive with surrounding redness). The results are read 15 minutes after the application of the allergen.

Prick Method: The skin is pierced with a prick device coated with a drop of an allergen.

These allergens include trees, grasses, weeds, molds, dust mites and common animals. The skin testing generally takes about 45 minutes. Prick tests may be performed on your arms or back. The back is the preferred site for children. If you have a specific allergic sensitivity to one of the allergens, a red, raised, itchy bump (caused by histamine release into the skin) will appear on your skin within 15 minutes. These positive reactions will gradually disappear over a period of 30 to 60 minutes, and typically, no treatment is necessary for this itchiness. Occasionally, local swelling at a test site will begin 4 to 8 hours after the skin tests are applied. These reactions are not serious, do not indicate a meaningful allergy, and will disappear over the next few days. They should be reported to your physician at your next visit. You may be scheduled for skin testing to antibiotics, local anesthetics, venoms or other biological agents.

Included is a list of medications that may interfere with the testing. If you are uncertain whether you can safely stop a medication, please **consult the prescribing physician prior to discontinuing any medication.** If you have any questions, please contact our office to discuss. Please note that being on certain medications may prevent testing from being done in the office at the time of your appointment.

Please let the physician and nurse know if you are:

1. Pregnant, as allergy testing will be postponed until after pregnancy.
2. Taking beta-blockers or medications that may make the treatment of the reaction to skin testing more difficult.

THE FOLLOWING MEDICATIONS MAY BE TAKEN PRIOR TO SKIN TESTING:

NASAL STEROIDS
Flonase/Veramyst (fluticasone), Nasacort (triamcinolone), Naserl (flunisolide), Nasonex (mometasone), Omnaris/Zetonna (ciclesonide), Qnasl (beclomethasone),

ASTHMA INHALERS
Inhaled steroids: Advair, Asmanex
Nebulized treatments: Albuterol, Atrovent, Xopenex
Rescue inhalers: Albuterol, Pro-Air, Ventolin, Xopenex

THEOPHYLLINE
Theo-Dur, T-Phyl, Uniphyl, Theo-24

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Skin Testing Allergy Guideline

Diagnostic skin tests cannot be done if patients are taking the following medications.
***Please do NOT discontinue these medications without consulting your prescribing doctor.**

TYPE	EXAMPLES (BRAND NAME/GENERIC)	DISCONTINUE/WITHHOLD*
Topical anti-inflammatory or steroids	creams, lotions, gels, ointments or solutions (prescription or over-the-counter)	Do NOT apply the day of testing
Anti-Anxiety, Anti-Pruritic	Ativan (Lorazepam) Klonopin (Clonazepam) Xanax (Alprazolam)	3 days prior to testing 7 days prior to testing 3 days prior to testing
Anti-Adrenergic, Anti-hypertensive	Catapres (Clonidine)	Consult your prescribeing physician
Anticholinergic	Hyoscyamine	5 days prior to testing
Antihistamines (long-lasting)	Alavert Allegra (Fexofenadine) Atarax/Vistaril (Hydroxyzine) Claritin (Loratadine) Clarinex (Desloratadine) Nyquil (and any cold products containing anti-histamines) Perlactin (Cyproheptadine) Xyzal (Levocetirizine) Zyrtec (Cetirizine)	7 days prior to testing
Antihistamines (other)	Actifed (Chlorpheneramine) Advil PM Aleve PM Benadryl (Dipenhydramine) Dimetapp (Brompheniramine) Tylenol PM Unisom (Doxylamine) ZzzQuil (Dipenhydramine)	7 days prior to testing
Anti-depressants	Asendin Desyrel Doxepin (Sinequan) Elavil (Amitriptyline) Pamelor (Nortriptyline) Remeron (Mirtazapine) Seroquel Serzone Surmontil (Trimpramine) Tofranil (Imipramine) Vivactil (Protriptyline) Zyprexa	2 weeks prior to testing
Histamine Blockers	Axid (Nizatidine) Pepcid (Famotidine) Tagamet (Cimetidine) Zantac (Ranitidine)	7 days prior to testing
Muscle Relaxants	Flexiril (Cyclobenzaprine)	2 weeks prior to testing
Nasal Sprays & Eye Medications	Astelin (Azelastine) Astepro Dymista Optivar Pataday Patanol	3 days prior to testing
Steroids (oral)	Medrol Dose Pak (Prednisone)	Should be avoided 2 weeks prior to testing
Vertigo, Emetic or Anti-Spasmodic	Antivert (Meclizine) Bonine Dramamine (Dimenhydrinate) Phenergan Promethazine Vistraril	7 days prior to testing

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Patient's Name: _____ Date of Birth: _____

Please state why you are here today: _____

REVIEW OF SYMPTOMS

Please mark if any of the following symptoms apply to you ***NOW*** or in the ***PAST***.

GENERAL

- ☐ Prolonged fever/night sweats
- ☐ Unexplained weight loss/gain
- ☐ Immune system problems

EARS / NOSE / THROAT / NECK

- ☐ Loss of hearing
  Hearing aids? ☐ Yes ☐ No
- ☐ Ringing in the ears
- ☐ Intense noise exposure
- ☐ Frequent earaches
- ☐ Discharge from the ear
- ☐ Attacks of vertigo/dizziness
- ☐ Frequent sinus infections
- ☐ Nasal Blockage
- ☐ Nosebleeds
- ☐ Post-nasal drip
- ☐ Frequent sore throat
- ☐ Loud snoring
- ☐ Jaw Pain
- ☐ Hoarseness
- ☐ Snoring/Sleep apnea
- ☐ Difficulty swallowing
- ☐ Throat Pain

EYES

- ☐ Change/decrease in vision
- ☐ Double vision
- ☐ Eye pain

RESPIRATORY

- ☐ Asthma or wheezing
- ☐ Recent bronchitis or chest cold
- ☐ Cough for over the past 2 months
- ☐ Coughing up blood
- ☐ Shortness of breath
- ☐ Abnormal chest x-ray

HEART & CIRCULATION

- ☐ Chest discomfort (angina) w/ activity
- ☐ Palpitations, racing or pounding heartbeat
- ☐ Frequent ankle swelling/leg pain

STOMACH / INTESTINES

- ☐ Frequent heartburn or indigestion
- ☐ Poor appetite
- ☐ Bright blood from bowels or rectum
- ☐ Dark, tarry stools

KIDNEYS / URINARY TRACT

- ☐ Pain or burning with urination
- ☐ Multiple trips to the bathroom to urinate at night
- ☐ Blood in urine during the past year

MUSCLES / BONES / JOINTS

- ☐ Back or joint pain

NERVOUS / PSYCHIATRIC SYSTEM

- ☐ Frequent headaches
- ☐ Convulsions
- ☐ Tremors
- ☐ Paralysis
- ☐ Numbness
- ☐ Hallucinations

BLOOD

- ☐ Bleeding or bruising tendency
- ☐ Previous blood transfusion

REPRODUCTIVE (Women only)

Might you be pregnant?
☐ Yes ☐ No

Patient/Guarantor Signature: _____ Date: _____

Reviewed with Patient: _____ Physician's Signature: _____ Date: _____