



Allergy Testing and Treatment

Allergy Testing

Our office tests for multiple allergens including pollens, dust mites, molds, animal dander, cockroaches, and certain foods. Our office does skin prick technique which is applied on the back. The testing takes approximately 45 minutes; please do bring a book or phone to help you pass the time while waiting.

Treatment - Injections

Injections - The testing gives us the information needed to make up your allergy serum for environmental allergens. We customize treatment sets based on your degree of sensitivity to each allergen. Injecting you with these allergens stimulates your body to produce blocking antibodies to those allergens. If you choose to start allergy injections, you will be required to come to our office for the administration of them with a minimum of 15 minute wait after you get the injection, no appointment necessary. There is a 97% incidence that if you are going to have a reaction it will occur within this time frame.

Epi-Pen / Auvi-Q

It is required that you carry an Epi-Pen/ Auvi-Q and benadryl on the day of your allergy injection for as long as you are taking allergy injections. You will be instructed on how and when to use the Epi-Pen/ Auvi-Q at your first allergy injection appointment.

Time Commitment

Allergy immunotherapy improves symptoms in 85-90% of patients. If the allergy injections are benefiting you, it is recommended that you remain on the treatment for a minimum of one year with the understanding that when you stop your treatment, your blocking antibodies should remain elevated for another 3-5 years. Allergies are not curable so there is a chance that your symptoms could return and possibly may need to be retested and go back on treatment at any time after stopping. Allergy injections will be weekly for the first year until you are re-tested and then our goal is to keep you at once monthly. Some patients choose to remain on allergy injections indefinitely taking one shot monthly so they do not ever get to the point of having symptoms again. There are no long term side effects for being on allergy injections.

Preparation for Testing

You will be given a preparation for allergy testing paper as well as a history form which needs to be completed and returned on the day of testing. Once testing is completed, you may resume taking your antihistamines. The goal of allergy injections are to decrease the amount of daily medications you are currently taking. Some patients start to notice improvement in symptoms within 3 months.

Insurance

We encourage all patients to call their insurance and verify their benefits. There is a chance that your allergy testing will go towards your insurance deductible. With allergy injections there is also a chance that it will be routed towards your deductible although usually the price is below \$20.



Preparation for Allergy Testing

You or your doctor would like you to complete an Allergy Test. Our office tests for multiple allergens including pollens, dust mites, molds, animal dander, cockroaches, and certain foods. It is important that you inform the Medical Assistant if there are foods you avoid due to reactions when eaten.

DO NOT

- Do not take Benadryl, Claritin, Clarinex, Zytec, Xyzal, or Allegra (including generic versions) for **TWO WEEKS/ 14 DAYS** prior to the allergy testing.
- Do not take over the counter antihistamines (cold & sinus medications, sleep aides like tylenol PM) **THREE DAYS/ 3 DAYS** prior to testing. Periactin should not be taken **ELEVEN DAYS/ 11 DAYS** prior to testing.
- Do not take medications such as Tagament, Pepcid, or Zantac 2 days prior to testing, as there are a form of antihistamines.
- Do not use antihistamine nasal sprays (i.e. Astelin, Astepro, Pantanase, Dymista etc.) for 2 days prior to testing.
- Do not take tricyclic antidepressant medication. Please inform the Medical Assistant if you do. These medications must be stopped **TWO WEEKS/ 14 DAYS** prior to testing with the permission of your prescriber (not all antidepressant medications are tricyclic).
- Do not take Benzodiazepines for **7 DAYS** prior to testing.
- Do not take beta-blocker medication. Please inform the Medical Assistant if you do. Beta-Blockers are medications used for treatment of high blood pressure, migraine headaches, heart problems, performance anxiety, or glaucoma (eye drops) and must be discontinued with the permission of the prescriber for **3 DAYS** prior to testing.

YOU MUST CONSULT YOUR PHYSICIAN WHO PRESCRIBED ANY OF THE ABOVE MEDICATIONS REGARDING DISCONTINUING ANY OF THE ABOVE OR SWITCHING TO ANOTHER MEDICATION. TAKING ANY OF THE ABOVE MEDICATIONS CAN ALTER YOUR ALLERGY TEST RESULTS, OR MAKE TESTING DANGEROUS! IF YOU ARE UNSURE ABOUT A MEDICATION PLEASE ASK THE MEDICAL ASSISTANT PRIOR TO YOUR APPOINTMENT.

DO

- You may continue to use steroid nasal sprays.
- It is not necessary to be fasting or on a special diet for this test.
- You may bring a beverage and snacks on the day of your testing as well as a book or phone to keep you occupied while waiting.

On the day of your test you will receive a copy of your testing if you would like one. Results take a day to review and you will be required to follow up for results either by telephone or in office apt. All medications may be resumed after the testing is complete with the exception of Beta-Blockers if you plan on starting allergy injection. After testing, you will have the option of receiving allergy injections. If allergy injections will benefit you, the recommendation for treatment is a minimum of one year and then you will be retested and re-evaluated. You will be required to have your injections given by our office (no appointment needed just walk in during business hours) and you will be required to come weekly with a minimum of 15 minutes wait time after injection to verify how you react. Along with these injections you will be given an order for an Epi-Pen, without this we will not be able to administer your injections in the chance you react. In an effort to make this test accessible for all of our patients, we appreciate the respect of 48 hour notice of cancellation. The failure to cancel your appointment may result in a \$50 administrative fee.

Please complete the following and bring with you on testing day.



Allergy Testing Appointment
Date _____ Time _____

Allergic History

Name: _____ Date of Birth: _____ Date: _____

Present Symptoms: _____

Ever had allergy testing before? YES or NO If yes, where & when? _____

Ever had allergy injections before? YES or NO If yes for how long did you get them? _____

If you were unable to tolerate the shots please explain _____

Any known allergy to medications? YES or NO If yes, what? _____

Any known allergies to foods? YES or NO If yes, what? _____

Any known allergy to animals? YES or NO If yes, what? _____

Any known allergy to smoke? YES or NO Do you smoke? YES or NO Indoors? YES or NO

Please mark the situations that apply to you.

A. Symptoms of pollen allergy: (usually important in warm weather)

- Aggravated outdoors
- Aggravated on windy days
- Itching of the eyes
- Aggravated on clear days
- Aggravated outdoors 7am to 11am
- Improved indoors
- Improved in air conditioning
- Aggravated when going from an air-conditioned room to the open air

B. Symptoms of dust allergy: (more important in cold weather)

- Aggravated indoors
- Improved outdoors
- Increased within 30 minutes after going to bed
- Reoccur or increase each year with the return on cold weather
- Nasal symptoms with little or no itching of eyes
- Aggravated with air conditioning
- Increased when dusting or sweeping

C. Symptoms of mold allergy:

- Aggravated outdoors between 4:30 pm to 8:30pm
- Increased by cool evening air (early evening)
- Aggravated while mowing or playing on the grass
- Aggravated from mid August to November
- Aggravated from fall to first frost
- Definitely increased around the end of October
- Aggravated with North wind., September to December

D. Symptoms from specific contacts

- Aggravated in house after lights have been on about an hour
- Aggravated in a certain room? Which one _____
- Aggravated in a basement
- Aggravated in barns
- React in a home with cats
- React in a home with dogs
- Aggravated in your home but not in others

Please rate your symptoms 1-5 (#1 is low degree of symptom. #5 is high degree of symptom)

<u>Eyes:</u> (itchy, watery, or swelling)	1	2	3	4	5
<u>Ears:</u> (itchy, draining, or congested)	1	2	3	4	5
<u>Nose:</u> (runny or congested)	1	2	3	4	5
<u>Headaches:</u> (Allergy related)	1	2	3	4	5
<u>Post nasal drip:</u>	1	2	3	4	5
<u>Cough:</u> (Allergy related)	1	2	3	4	5
<u>Sneezing:</u>	1	2	3	4	5