EAR NOSE & THROAT
Otolaryngology
Head & Neck Surgery
Facial Plastic Surgery
Allergy
Sleep Apnea / Snoring

Associates of Nassau County, PC

DIPLOMATES, AMERICAN BOARD OF OTOLARYNGOLOGY

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SKIN TESTING

Dear:_____,

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 a ½ hour. Your follow up appointment with Dr. _____ will be on _____ to discuss your test results and treatment plan. Skin testing may be done in lieu of the blood work, or in addition to the blood work. If a blood test comes out negative but you still appear to have allergy symptoms, skin testing may be ordered to confirm the results.

Prior to skin testing you must be off all **allergy medication, antihistamines** (Claritin, Allegra, Zyrtec, Dimetapp, 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 (Entex La, Deconsal, and Sudafed) 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. _____

Skin testing is frequently used and is an accepted form of allergy testing. There are no restrictions of food or beverages prior to testing. You will also be able to drive yourself home and go about the rest of the day's planned activities.

Insurance requiring a referral will be needed to have the diagnosis codes of _____, _____ and allergy work-up should be checked off or written on the referral.

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

Respectfully yours,

Ear, Nose & Throat Associates of Nassau County

Allergy Patient Medical History Form

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. _____
5. _____

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 9pm	☐ Worse with lights on
☐ Worse on windy days	☐ Better outdoors	☐ Worse on cool evenings	☐ Worse in specific rooms, Which:
☐ Worse outdoors 7 to 11 am	☐ Worse 30 minutes after retiring	☐ Worse in low, damp places	
☐ Worse in change of temperature	☐ Worse in cold weather	☐ Worse mowing or playing in grass	☐ Worse in basement
☐ Worse in warm or cool air	☐ Worse when sweeping	☐ Worse on windy days	☐ Worse near barn
☐ Better indoors	☐ Worse when dusting		☐ Worse around animals, Which:
☐ Better outdoors			

5. **Are symptoms constant or intermittent?** _____

6. **During which months do you usually have symptoms?**

☐ January	☐ July
☐ February	☐ August
☐ March	☐ September
☐ April	☐ November
☐ May	☐ December
☐ June	☐ All

7. **During Which months are symptoms most severe**

☐ January	☐ July
☐ February	☐ August
☐ March	☐ September
☐ April	☐ November
☐ May	☐ December
☐ June	☐ All

8. **How and when did the condition begin:** _____

C. Medical Information

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

☐ Aspirin	☐ Antibiotics	☐ Antihistamines
☐ Cortisone	☐ Vitamins	☐ Decongestants
☐ Tranquilizers	☐ Ointments	☐ Anticholesterol mediations (cholestramine)
☐ High Blood Pressure Medication	☐ Thyroid Medication	☐ List Others
☐ Sedatives	☐ Nose Drops/Sprays	
☐ Birth Control	☐ Hormones	

2. **Which medications relieve allergy symptoms:** _____

Medications Contraindicated with Allergy Skin Testing

- **Anti-Histamines**
  - Xyzal
  - Zyrtec/Zyrtec-D
  - Allegra/Allegra-D
  - Clarinex
  - Claritin/Claritin-D
  - Benadyl/Dyphenhydramine
  - Astelin
  - Atarax/Hydroxyzine
  - AllerX
  - Phenergan
  - Promethazine
  - Meclizine/Antivert
  - **Over the counter allergy/sinus/cold medicines
- **Antidepressants/Anti-Anxiety**
  - Amitriptyline/Elavil/Vanatrip
  - Comipramine/Anafranil

- Doxepin/Sinequan/Zonalon
- Imipramine/Tofranil
- Amoxaine/Ascendin
- Desipramine/Norpramin
- Maprotiline/Ludiomil
- Nortiptyline/ Aventyl/Pamelor
- Protriptyline/Triptil/Vivactil
- Trimipramine/Surmontil
- Nefazodone/Serzone
- Trazadone/Desyrel
- Mirtazapine/Remeron
- Alprazolam/Xanax
- Clonazepam/Klonopin
- Vistrail
- Lorazepam/Ativan

- **H-2 Blockers (Do not take morning of test)**
  - Tagment/Cimetidine
  - Rantidine/Zantac
  - Zinatidine/Axid
  - Famotidine/Pepcid
- **Herbals**
  - Licorice
  - Tea
  - Saw Palmetto
  - St. John's Wort
  - Feverfew
  - Milk Thistle

**** You MUST stop taking all anti-histamines 4-5 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**
****** Singular and nasal steroids (Flonase, Nasonex, Nasocort, Rhinocort) do not need to be discontinued.**

Beta Blockers

- Acebutolol (Sectral)
- AK-Beta (Levobunolol)
- Atenolol (Tenormin, Tenooretic)
- Betagan (Levobunolol)
- Betapace (Sotalol)
- Betimol (Timolol)
- Betopetic (Betaxolol)
- Betaxolol (Kerlone)
- Bisoprolol (Zebeta, Ziac)
- Blocarden (Timolol)
- Cartrol Filmtab (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 if may contain a Beta Blocker not listed above.**