



INSTRUCTIONS FOR ALLERGY TESTING

1. You have been scheduled for testing on _____ at _____ AM/PM. If you have any questions, concerns or need to reschedule your appointment, please contact us @ (512) 328-7722.
2. **Allow at least two hours for testing.** *If you are running late, please contact our office immediately. If you are more than 10 minutes late, we will have to reschedule your testing for another date. ***There will be a \$75.00 charge for cancellations with less than a 24 hour notice.**
3. As a courtesy to you, we will contact your insurance company and obtain your allergy benefits. We cannot guarantee any benefits quoted by your insurance company.
4. Testing will be performed on both arms. We will need access to the upper and lower arms. Testing will be done on the back for smaller children. Try to wear or bring an old T-shirt or sleeveless shirt so that we may have access up to the shoulder.
5. Do not wear any lotions or oils on your arms the day of your testing. You may wear deodorant & shower.
6. We have provided a list of medications that interfere with allergy testing. Please follow the instructions given for stopping all meds. **Failure to do so will result in false test results and you will have to be rescheduled.**
7. If you are taking a **Beta- Blocker** for high blood pressure, migraines or glaucoma, please **DO NOT STOP TAKING YOUR MEDICATION WITHOUT THE CONSENT OF THE PRESCRIBING DOCTOR!** Inform the Doctor or Allergy technician that you are taking, or think you may be taking a Beta-Blocker and we will check the classification of your medication in question. **PLEASE BE AWARE THAT SOME MEDICATIONS HAVE TO BE DISCONTINUED 5 DAYS PRIOR TO TESTING. IF YOU ARE TAKING A MEDICATION THAT IS NOT LISTED, PLEASE CONTACT OUR OFFICE TO DETERMINE IF IT WILL NEED TO BE DISCONTINUED PRIOR TO YOUR ALLERGY TESTING DATE.**
8. If you have asthma, you must bring all prescribed inhalers, and medications with you to your testing appointment.
9. If you are the adult being tested, please keep children at home. For your safety we request children and minors to remain at home.

Pt
Initials _____

Date _____

Patient Signature : _____

Insurance Informed Consent for Allergy Testing

Patient (print) _____ DOB: _____

Date of Testing: _____

It is the patient's responsibility to verify benefits for all allergy services.

It is imperative that you call your insurance company BEFORE your testing date so you are prepared to pay any necessary portions AT THE TIME OF SERVICE IS PROVIDED.

The following are the testing and treatment CPT codes used for billing.

Testing: 95004 & 95024

Treatment: 95115 & 95117

Serum: 95165

**** It is important to ask your insurance company if deductible applies to your allergy benefits. If so, ask how much of your deductible has been met.**

By signing this consent you are stating that you are aware of the nature of this testing and that your insurance company may not pay all or part of this service.

By signing this consent you are agreeing to accept full responsibility of payment should your insurance company deny this charge.

I, _____, have read the above information and have agreed to continue with the allergy skin testing as found medically necessary by my provider. I also understand that my insurance company may or may not pay all or part of the testing as they may consider this experimental in nature.

Signature of Patient

Witness

Date: _____



INFORMED CONSENT FOR ALLERGY TESTING AND TREATMENT

PATIENT'S NAME: _____ **DATE:** _____
(Please print)

1. The **DIAGNOSIS** requiring this procedure is: **ALLERGIC RHINOSINUSITIS**
2. The **NATURE** of this procedure is: **DESENSITIZATION.**
3. The **PURPOSE** of this procedure is: **TO ALLEVIATE ALLERGIC SYMPTOMS.**
4. **POSSIBLE RISKS:** It is impossible to truly list all of the complications that could occur from any procedure. However, risks here have been carefully considered. There may be possible risks involved in this procedure including, but not limited to, skin rash, runny nose, sneezing, itchy eyes, pruritic wheals, headache, bronchial asthma, anaphylactic shock, delayed response, or death.
5. The **PRACTICAL ALTERNATIVES** to this procedure include modifying your environment, antihistamines, and other medications.

I understand the risks and benefits of allergy testing and I am satisfied with the explanation that has been given to me.

I understand that during the course of the procedure described above it may be necessary to perform additional procedures, which are unforeseen, or not known to be the needed at the time this consent is given. I consent to and authorize the person described herein to make the decision concerning such procedures. I consent to and authorize the performance of such additional procedures as he/she deems necessary or appropriate. I also consent to the presence of observers in the allergy room for medical or educational purposes approved by my physician.

I voluntarily consent to Dr. Karen L. Stierman, M.D., Dr. Russell D. Briggs, M.D., or any physician designated or selected by them and all medical personnel under the direct supervision and control of such physicians and all other personnel who may otherwise be involved in performing such procedures to perform the procedures described or otherwise referred to herein.

Patient Initials _____



ALLERGY QUESTIONNAIRE

Instructions: Please answer the questions on this form as they relate to the person being evaluated. Please bring the completed forms to our office for your first appointment.

Please print
Patient's Name: _____
Sex: _____ Age: _____ Date of Birth: _____

I- **BRIEFLY DESCRIBE** the reason for your visit and what you hope to accomplish:

II- **SYMPTOMS:** Do you experience any of the following? (Please circle the one that applies to you).

NOSE:

- | | | |
|-------------|----------------------------------|---------------------------|
| Stuffy nose | Thick/colored discharge | Clear/colorless discharge |
| Sneezing | Nose bleeds | Mouth breathing/snoring |
| Itching | Loss or decreased sense of smell | sniffing |

EYE:

- | | |
|------------------|------------------------|
| Red/itchy/watery | Dark circles/puffiness |
|------------------|------------------------|

SINUS/THROAT:

- | | | | | |
|------------|---------------------|---------------------|-----------------|------------|
| Headaches | Sore throat | Post nasal drainage | Throat clearing | Hoarseness |
| Bad breath | Frequent infections | | | |

EAR:

- | | | | | |
|---------|--------------|------|----------------------|---------------------|
| Itching | Full/popping | Pain | Ringing/hearing loss | Frequent infections |
|---------|--------------|------|----------------------|---------------------|

CHEST:

Tightness Wheezing Shortness of breath Productive cough Dry cough

SKIN:

Rash Hives Eczema Swelling Itching Sores

III- Have your symptoms ever responded to treatment, and if so what kind of treatment? _____

CONSTITUTIONAL:

Overall feeling of weariness

- Are your symptoms Year Round Seasonal Both ?
- During what months do you usually have symptoms? January February
 March April May June July August September
 October November December
- Do you feel symptomatic when eating? Yes No
- Do either or both of your parents have allergies or asthma? Yes No
- What allergy medications have you tried in the past? (Example, Claritin, Clarinex, Zyrtec, Allegra, Flonase, Nasonex)

- Are the above medications relieving your allergy symptoms? Yes No
- Do you presently have an allergist? Yes No
- Have you ever been allergy tested? Yes No
- Have you taken or are you presently on immunotherapy? Yes No



MEDICATIONS THAT INTERFERE WITH ALLERGY SKIN TESTING

Antihistamine medications must be stopped **5 days prior** to testing. If you are taking **ANY** of the medications listed, notify the allergy tech **BEFORE** your testing appointment. These include but are not limited to: Xyzal, Zyrtec, Claritin Allegra and Benadryl.

Beta blocker medications need to be stopped 3 days prior to testing if possible with instructions by prescribing doctor (usually your cardiologist). If you are unable to stop them, please let us know and we can do a blood test instead of a skin test. Blood testing however is not as sensitive for environmental allergens.

Other medications on this list have mild antihistamine effects however do not stop them without your prescribing doctors permission. In most cases, these other medications (non antihistamine and non beta blocker meds) can be continued if necessary (anti-depressive/ anti-anxiety meds).

<i>Antihistamines (ATH)</i>	
<i>Brand Name</i>	
Actifed	Fexofenadine
Aerokids	Histex
Ah Chew	Histussin
Alavert	Hydramine
Aldex	Hydroxine
Allegra	Loratidine
Allegra D	Kronofed
Antihist	Meclizine
Antivert	Mucinex Allergy
Atarax	Naldecon
Atrohist	Nalex
Benadryl	Novahistine
Bromphed	Nyquil
Bromphed PD	Omnihist
Brovex	Pediox
Cetirizine	
Chrpheniramine	Periactin
Chlortrimeton	Pheniramne
Clarinox	Phrlex
Clarinox D	Pyrilamine
Clemastine	Rescon
Cyproheptadine	Rondec

Deconamine	Rutuss
Dexodryl	Ryntann
Dimetane	Semprex
Dimetapp	Sudal
Diphenhydromine	Tavist
Doxylamine	Theraflu Nighttime
Drixoral	Triaminic
Duradryl	Trinalin
Dutuss	Tussionex
Endal	Tylenol Allergy
Tylenol Cold	Xyzal
Tylenol PM	Zyrtec
Unisom Sleep Gels	Zyrtec D
Vistaril	
<i>Antidepressants</i>	
Anafranil Amitriptyline Amoxampine Aventyl Clomipramine Desipramine Desyrel Doxepin Elavil Imipramine Ludiomil Maprotiline Mirtazapine Netazadone	Norpramin Nortriptyline Nurpramin Pamelor Protriptyline Remeron Serazone Sinequan Surmontil Tofranil Trazedone Trimipramine Vivactil
***These are consider MAOIs and can make it harder to reverse a systemic rxn.	
Pts must be weaned by prescribing MD, must be off 3 weeks prior to testing.	
<i>Beta Blockers including BB Eye Drops</i>	
Betapace	Coreg
Cartrol	Corzide
Corgard	Inderide
Inderal (Propranolol)	Levatol
Kerlone	Normodyne (Labetalol)
Lopressor (Metoprolol)	Tenormin (Atenolol / HCTZ)
Sectral	Timolide
Tenormin (Atenolol)	Trandate
Toprol	Zebeta
Visken	Betagan
Ziac (Bisoprolol)	Betoptic
AK Beta	Ocupress

Optipranolol	Nebivolol (Bystolic)
Timoptic (Timolol)	Do not stop medication without Doctor approval!!
Pts must be weaned by prescribing MD, must be off 7 days prior to testing	
<i>Reflux Medications</i>	
Axid Cimetadine Famotadine Nizatadine	Pepcid Ranitadine Tagamet Zantac
<i>Eyedrops that have Antihistamine Effects</i>	
Alocril Elestat Livostin Optichrome Optivar	Pataday Patanol Pazeo Zaditor
<i>Anti-Anxiety</i>	
Alprazolam Clonazepam Diazepam Klonopin	Temazepam Valium Xanax
<i>Muscle Relaxants</i>	
Amrix Cyclobenzaprine Fexmid Flexeril	Norflex Orphenadrine

These are common antihistamines/decongestants combinations, beta blockers, tricyclic antidepressants, sleeping medications, reflux medications; **this is NOT a complete list.** Many over-the-counter medications and combination drugs contain antihistamines,

If you are uncertain about a medication that you are taking, please check with the allergy tech or your prescribing doctor.

****Do not stop taking your blood pressure medication or antidepressant without talking to your doctor first***

Other medications that may interfere with skin testing are:

Catapres	Chlorpromazine
Clonidine	Haldol/Haloperidol
Parlodel	Seroquel (Quetiapine)
Tofranil (bed wetting)	Thorazine

Nasal Sprays (Astelin, Astepro, Dymista and Patanase)

Medications that you may take:

NASAL SPRAYS

Afrin	Nasonex
Atrovent	Phyenylenephine
Beconase	Rhinocort
Flonase	Vicks Nasal Spray
Fluticasone	Veramyst
Nasacort	

DERM DRUGS

Atopiclair	Elidel
Mimyx	Protopic
Steroid Creams	

RESPIRATORY DRUGS

Accolate	Advair
Albuterol	Atrovent
Flovent	Pulmicort
Singulair	Theophylline
Ventolin	Xoponex

DECONGESTANTS/EXPECTORANTS

Carbapentane	Entex La, PSE	Respi Tann
Delsym	Guaifenisin	Robutussin PD,DM
Dextromethorphan	Humabid	Triaminic Yellow
Duratuss	Phenyleprine	Sudafed PE
Duravent	Rescon GG	Z-Cof DM

REFLUX MEDICATIONS

Aciphex	Omeprazole	Prilosec	Zegrid
Nexium	Prevacid	Protonix	

By signing this form I am confirming that I have not taken any of the above medications and that I will abide by the rules and regulations set forth by the doctor's office in order to properly and safely execute the allergen evaluation.

*It is important that you inform the allergy tech or doctor of any new medications you are taking prior to testing or receiving and allergy injection.

Patient name (print): _____

Patient signature: _____



There is a wide variety of substances (allergens) that may cause allergic reactions in some people. Allergy testing is the procedure used to determine which particular allergens are responsible for provoking an allergic response. The procedure used depends on the doctor and the patient's history. A comprehensive allergen screen at this office involves testing for thirty-eight different allergens that are found in the central Texas region.

Symptoms associated with allergies

- **Skin rashes** - eczema (atopic dermatitis) or hives (urticaria)
- **Swelling** - angioedema
- **Sneezing and running nose** - allergic rhinitis (hay fever)
- **Teary, red, itchy eyes** - allergic conjunctivitis
- **Asthma**
- **Nausea and vomiting** - food allergy
- **Anaphylaxis** - severe allergic reaction, which causes serious breathing problems and can be life threatening.
- **Darkness under eyes**- allergic shiners
- **Feeling chronically lethargic/fatigued**

Before the test

It is extremely important that you **stay off of antihistamines and prohibited medications at least 5 days prior to testing**. This will affect the results of the test and testing will have to be rescheduled and you will need to start all over again. Please do not assume anything, if you feel that you might have taken something that could possibly mask the testing response please contact the allergy/immunology clinic with any questions you may have.

Testing

The following specific tests are required to determine which allergens are causing the symptoms.

Multi –Testing (test code 95004) - A Multi-Test is a sterile, disposable, plastic multiple test head applicator used to administer allergen to the skin. It provides a quick, convenient, and standardized procedure for initial screening. This deposits a small 4mm size drop of allergen onto the skin. There are 5 sets of 8 different allergens on each multi-test that will be placed on the forearms or on the back for smaller or pediatric patients. The sensation is a mild prick and does not break the skin. This will only last for a few seconds and the allergen will stay in place for 20 minutes.

Intradermal Testing (test code 95024) - After the Multi-Test has been performed; intradermal tests (IDT) will administered. The IDT is an injection of a small amount of allergen under the skin using the bevel (tip) of the needle. This type of injection will form a raised wheal (bubble). The sensation is similar to a mosquito bite. The intradermals are placed on the upper arm on the deltoid region. After 10mins the results will be evaluated.

Pediatric Patients- We recommend the application of EMLA cream. This is a lidocaine based topical cream which causes mild numbness of the testing area. The cream should remain on the testing area for minimum of 30mins for effectiveness. If used, this will need to be applied to the skin at the beginning of the testing appointment.

Possible complications

A systemic reaction is a severe allergic response that can happen during the test or 30 minutes after. Even though the chance of a systemic response is extremely rare it is always a possibility. Systemic reactions occur in less than 1% of tested patients and they usually are mild.

The following reactions are common and should not be considered as a threat.

- Burning, itching or minimal swelling at the test sites.

After the test

The reactions on your arm will be thoroughly evaluated and properly documented for the physician. With conventional allergy testing, the nurse should have results within 2 hours. Once the offending allergen or allergens are identified, a follow-up appointment with the doctor will be made immediately after testing is completed and the doctor will then recommend a treatment plan.

Benefits

Allergy testing can help a person suffering from allergies safely and effectively detect which particular substances trigger their symptoms.

Questions

If there are any further questions please call free to call the Allergy/Immunology clinic at 512-328-7722.

Allergy/Immunology Department,

Lisa Ramirez – Allergy Tech—Westlake 512 328-7722

Jessica Gregg – Allergy Tech—Cedar Park 512 328-7722



What is immunotherapy?

Allergen immunotherapy is a form of treatment aimed at decreasing your sensitivity to substances called allergens. These allergens are identified by allergy testing, and are the substances that trigger your allergy symptoms when you are exposed to them. Allergen immunotherapy involves injecting increasing amounts of allergen extract to a patient over several months. Immunotherapy has been shown to prevent the progression of the allergic disease from allergic rhinitis to asthma. Allergen immunotherapy can lead to the long-lasting relief of allergy symptoms after treatment is stopped.

Who should be treated with immunotherapy?

Immunotherapy is recommended for allergic asthma, allergic rhinitis, and chronic sinusitis patients. Immunotherapy for food allergies is not recommended. The best option for people with food allergies is to strictly avoid that food. The decision to begin immunotherapy will be based on several factors including:

- **Length of allergy season and severity of symptoms.**
- **How well medications and/or environmental controls control allergy symptoms.**
- **Desire to avoid long-term medication use.**
- **Time:** immunotherapy will require a significant time commitment.
- **Cost:** may vary depending on insurance coverage.

Can children receive immunotherapy?

Six is the youngest recommended age to start immunotherapy in the United States for several reasons, including the difficulties younger children may have in cooperating with the immunotherapy program such as skin testing and weekly injections. Recent studies have suggested immunotherapy may prevent the development of new allergies in children and also may prevent the development of asthma in children who have rhinitis.

There is no upper age limit for receiving immunotherapy. In considering immunotherapy in older persons, consideration must be given to the other medical conditions (such as cardiac disease) that are more frequent in older individuals, which could potentially make immunotherapy more risky.

Where should immunotherapy be given?

Immunotherapy should be given under the supervision of a physician in a facility equipped with proper staff and equipment to identify and treat adverse reactions to allergy injections. Ideally, immunotherapy should be given in the prescribing ENT specialist's office but if this is not possible, your ENT specialist should provide the supervising physician with comprehensive instructions about your immunotherapy treatment.

How does immunotherapy work?

If you are allergic to a substance such as ragweed, you will not overcome your allergy by repeatedly inhaling ragweed into your nose or lungs. So, how can a series of injections that include the substances that trigger your allergies, relieve your allergy symptoms? Allergen immunotherapy works like a vaccine. Your body responds to the injected amounts of a particular allergen, given in gradually increasing doses, by developing an immunity or tolerance to the allergen(s). As a result of these immune changes, immunotherapy can lead to decreased, minimal or no allergy symptoms when you are exposed to the allergen(s) included in the allergy vaccine.

There generally are two phases to immunotherapy: a build-up phase and a maintenance phase.

- **Build-up phase:** involves receiving injections with increasing amounts of the allergens. The frequency of injections during this phase generally ranges from one to two times a week. The duration of this phase depends on the frequency of the injections but generally ranges from three to nine months.
- **Maintenance phase:** This phase begins when the effective therapeutic dose is reached. The effective maintenance dose is different for each person, depending on their level of allergen sensitivity (how 'allergic they are' to the allergens in their vaccine) and their response to the immunotherapy build-up phase. Once the maintenance dose is reached, you will hold at this maintenance dose for a year to achieve full desensitization.
- **The benefits of immunotherapy**, in terms of reduced allergy symptoms, can begin during the build-up phase but may take as long as 12 months on the maintenance dose. Improvement with immunotherapy may be progressive throughout the immunotherapy treatment period.

If there is no improvement after a year of maintenance immunotherapy, possible reasons for failure to respond should be explored. If no apparent reason is found then discontinuation of immunotherapy should be considered and other treatment options should be pursued.

When should immunotherapy be stopped?

If immunotherapy is successful, maintenance treatment is generally continued till allergic symptoms subside. The decision to stop immunotherapy should be discussed with your ENT specialist after two to three years of treatment. Some individuals may experience lasting remission of their allergy symptoms but others may relapse after discontinuing immunotherapy. Therefore, the decision to stop immunotherapy must be individualized.

What are the possible reactions?

There are two types of adverse reactions that occur with immunotherapy: local and/or systemic reactions.

Local Reactions: are fairly common and present as redness and swelling at the injection site. This can happen immediately, or several hours after treatment.

Systemic reactions: are much less common than local reactions. Systemic reactions are usually mild and respond rapidly to medications. Symptoms can include increased allergy symptoms such as sneezing, nasal congestion or hives. Rarely, a serious systemic reaction, called anaphylaxis, can develop after immunotherapy injection.