

Allergy Questionnaire

Patient Name _____

Date ____/____/____

1. What symptoms do you suffer from? Please circle below

Eyes: Itchy eyes, tearing, eye redness, eye discharge

Ears: Popping sensation, fullness, itching

Nose/Sinus: Congestion, sneezing, runny nose, itchiness, post nasal drip, recurrent sinus infections

Throat: Constant irritation, foreign body sensation, cough

Others: _____

2. During which season these symptoms occur?

a. All seasons

b. Spring

c. Summer

d. Fall

e. Winter

3. Are symptoms worse

a. Morning

b. Afternoon

c. Evening

d. Night

e. At home

f. At work/school

4. Are symptoms

a. Constant

b. Intermittent

c. Rare

5. Do symptoms interfere with your day-to-day activities?

a. Not at all

b. A little

c. Moderately

d. All the time

6. Past medical history

a. High blood pressure

b. Heart Disease

c. Diabetes

d. Asthma

e. Bronchitis

f. Emphysema

g. Thyroid disease

h. Other _____

7. Family History

a. Asthma

b. Eczema

c. Sinus problems

d. Migraine

e. Hayfever

8. Drug Allergies: _____

9. Are your symptoms made worse by:
- a. Wind
 - b. High pollution days
 - c. Wet weather
 - d. Damp areas
 - e. Mowing lawns
 - f. Barns/Hay
 - g. Dust
 - h. Smoke
 - i. Perfumes
 - j. Paint fumes
 - k. House plants
 - l. Air Conditioning
 - m. Indoors (Explain):

 - n. Outdoors (Explain):

10. Do you have pets or are you exposed to other animals?
- a. Cats
 - b. Dogs
 - c. Other: _____
11. What have you used to treat your allergies in the past?
- a. Benadryl
 - b. Zyrtec (cetirizine)
 - c. Claritin (loratadine)
 - d. Allegra (fexofenadine)
 - e. Flonase (fluticasone)
 - f. Nasonex (mometasone)
 - g. Astepro/Astelin (azelastine)
 - h. Patanase (olopatadine)
 - i. Dymista
12. Have you ever been tested for allergies in the past?
- a. Yes
 - b. No
- If yes, what did you test positive for?
- Grass pollens
 - Molds
 - Tree pollens
 - Animals
 - Weed pollens
 - Dust mites
 - Foods
13. Were you ever treated with allergy shots?
- a. Yes
 - b. No
- If yes, did the allergy shots help you?
- a. Yes
 - b. No
 - c. Don't know
- What years were the shots taken?
_____ to _____

Allergy Treatment

Allergen immunotherapy injections or “allergy shots” are prescribed for patients with allergic rhinitis (hay fever) and allergic asthma. Immunotherapy is the only medical treatment that could potentially modify allergic disease. It may have a preventive role in allergic children, possibly preventing asthma from developing in patients with allergic rhinitis. Immunotherapy is considered for individuals who have moderate or severe symptoms not adequately controlled by avoidance measures and/or medications.

Effectiveness

Allergy shots may “turn down” allergic reactions to common allergens including pollens, molds, animal dander and dust mites, gradually decreasing sensitivity to airborne allergens. The injections do not cure patients but diminish sensitivities, resulting in fewer symptoms and use of fewer medications. It is important to maintain shots at the proper time interval; missing your shots for as short a time may be necessary for long lapses in injections. Please see us if you miss your injections for longer than what is recommended.

Reactions to Allergy Injections

It is possible to have an allergic reaction to the allergy injections themselves. Reactions can be local (swelling at the injection site) or systemic (affecting the rest of the body). Systemic reactions include hay fever symptoms, hives, flushing, lightheadedness, and/or asthma, and rarely, life-threatening reactions. Some conditions can make reactions more likely such as heavy exposure to pollen and exercise after an injection. Serious systemic reactions can occur in patients with asthma that has worsened and is not well controlled on recommended medications. Therefore, if you have worsening or your asthma symptoms, notify your nurse or physician before receiving your scheduled injections! Reactions to injections can occur, however, even in the absence of these conditions.

Please inform the nursing staff if you have been diagnosed with a new medical condition or prescribed any new medications since your last visit. If any symptoms occur immediately or within hours of your injection, please inform the nurse before you receive your next injection.

Allergy Testing: Medications to Avoid

There are many common medications that can interfere with your skin testing results. Please check to see if you are currently taking any of these medications. Also, please carefully examine any over the counter medications that you are taking, as these medications are often used in combination with others to treat common symptoms.

Single ingredient decongestant preparation (e.g. Sudafed, phenylephrine, and pseudoephedrine) can be continued.

Skin testing is contraindicated if you are on a BETA BLOCKERS for example: Coreg (carvedilol), Inderal (propranolol), Lopressor (metoprolol), or Tenormin (atenolol).

In general, these medications may not be taken prior to skin testing:

- Cold medication
- Sinus medication
- Hay fever medication
- Oral medications for itchy skin
- Allergy medication
- Any nasal or eye antihistamine medication
- Sleep medication
- Tricyclic antidepressant medications

Anti-depressants should be stopped 2 weeks prior to testing e.g

Elavil (amitriptyline) Tofranil (imipramine)
Pamelor (nortriptyline) Silenor (doxepin)

Oral Anti-histamines should be stopped at least 5 days prior to testing:

Benadryl, Allegra (fexofenadine), Atarax (hydroxyzine),
Claritin (loratadine), Actifed (chlorpheniramine),
Clarinex (desloratadine), Dimetapp (brompheniramine),
Zyrtec (cetirizine), Aller-chlor (chlorpheniramine),
Xyzal (levocetirizine),

Eye drop should be stopped 5 days prior to testing:

Patanol/ Pataday (Olopatadine), Zaditor (ketotifen),
Optivar (azelastine),

Nasal spray should be stopped 5 days prior to testing:

Astelín (azelastine), Patanase (olopatadine),
Astepro (azelastine), Dymista (azelastine)

The list above is not complete by all means and if you have any questions about any of your medications, if they are not on the list above, please don't hesitate to ask the nurse or doctor at our office.

Patient Instruction/Consent Form for Allergy Skin Testing

Skin Test: Skin tests are methods of testing for allergic antibodies. A test consists of introducing small amounts of the suspected substance, or allergen, into the skin and noting the development of apposite reactions (which consists of a wheal (swelling) or flare (redness) in the surround area.) The results are read at 15 to 20 minutes after the application of the allergen. The skin test methods are:

Prick Method: the skin is pricked with a needle where a drop of allergen has already been placed.

Intradermal Method: this method consists of injecting small amounts of an allergen into the superficial layers of the skin.

Interpreting the clinical significance of skin tests requires skillful correlation of the test results with the patient's clinical history. Positive tests indicate the presence of allergic antibodies is not necessarily correlated with clinical symptoms.

You will be tested for important airborne allergens in our area. These include trees, grasses, weeds, molds, dust mites, and animal danders. The skin testing generally takes 45 minutes. Prick (also known as percutaneous) tests are usually performed on either your back or your arms. Intradermal skin tests may be performed if the prick skin tests are negative and are performed on your upper arms. If you have 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 to 20 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, particularly at sites of intradermal testing. These reactions are not serious and will disappear over the next week or so. They should be measured and reported to your physician at your next visit.

Prior to testing:

1. No prescription or over the counter oral antihistamines should be used 5 days prior to scheduled skin testing. These include cold medications, sinus medication, sleep medications, hay fever medications, oral medication for itchy skin, allergy medications, such as Clartin, Zyrtec, Allegra, Actifed, Dimetapp, Benadryl, and many others. If you have any questions whether or not you are using an antihistamine, please ask the nurse or the doctor. In some instances, a longer period of time off these medications may be necessary.
2. You should also discontinue you nasal and eye antihistamine mediations, such as Patanase, Pataday, Astepor,, or Astelin at least 5 days prior to testing. In some instances, a longer period of time off these medications may be necessary. If you



have any questions whether or not you are using an antihistamine, please ask the nurse or the doctor.

3. Other prescribed drugs, such as some anti - depressant medication, such as amitriptyline hydrochloride (Elavil), hydroxyzine (atarax), doxepin (Sinequan), and imipramine (Tofranil) have anti-histaminic activity and should be discontinued at least 2 weeks prior to receiving skin test after consultation with your physician
4. If you have high blood pressure or heart arrhythmias, or for any other reason you are taking a **beta-blocker** such as: Tenormin (atenolol), Lopressor (metoprolol), Inderal (propranolol), Coreg (carvedilol), **then all allergy testing is contraindicated. Be sure to let the nurse and/or doctor know if you are on these medications.**

You may:

1. You may continue to use your intranasal steroid sprays such as Flonase, Rhinocort, Nasonex, Nasacort, Omnaris, Veramyst and Nasarel.
2. Asthma inhalers (inhaled steroids and bronchodilators), leukotriene antagonist s (e.g. Singulair, Accolate) and oral theophylline (Theo-Dur, T-Phyl, Uniphyll, Theo-24, etc.) do not interfere with skin testing and should be used as prescribed.
3. Most drugs do not interfere with skin testing but make certain that your physician and nurse know about every drug you are taking including over the counter medications (bring a list if necessary).

Skin testing will be administered at this facility with a medical physician or other health care providers present since occasional reactions may require immediate therapy. These reactions may consist of any and all of the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and shock, the latter under extreme circumstances. **Please let the physician and nurse know if you are pregnant or taking beta-blockers.** Allergy skin testing may be postponed until after the pregnancy in the unlikely event of a reaction to the allergy testing. Beta-blockers are medications that may make treatment of the reaction to skin testing more difficult.

Please note that these reactions rarely occur but in the event a reaction would occur, the staff is trained and emergency equipment is available.

After skin testing, you will consult with your physician or other health care professional who will make further recommendations regarding your treatment.

We request that you do not bring small children with you when you are scheduled for skin testing unless they are accompanied by another adult who can sit with them in the reception room.

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Please do not cancel your appointment since the time set aside for skin testing, is exclusively yours for which special allergens are prepared. If for any reason you need to change your skin test appointment please give us at least 48 hours' notice, due to the length of time scheduled for skin testing, a last minute change results in a loss of valuable time that another patient might have utilized.

I have read the patient information sheet on allergy skin testing and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of allergy skin testing and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions.

Financial Responsibility: I also understand that should I decide to undergo immunotherapy (allergy shots), allergen vials are made specifically for me. I will be responsible for any co-payments and the amount due, not covered by insurance.

Patient _____ Date signed _____

Parent or legal guardian * _____ Date signed _____

*as parent or legal guardian, I understand that I must accompany my child throughout the entire procedure and visit.