

## **Valley Facial Plastics & ENT, PA**

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### **Allergy Testing Patient Instructions**

Appointment Date and Time: \_\_\_\_\_ @ \_\_\_\_\_

**Closely review the list of medications that can interfere with skin testing. Please follow the instructions noted on each medication class, and call with any questions. (Note: medications do not interfere with RAST testing).**

MQT, skin testing will take about 1 to 1 ½ hours to complete

RAST, blood testing takes about 30 minutes

Please:

- Wear a short sleeved shirt and do not apply any lotions to arms.
- Fill out the allergy information sheets and bring them with you to your appointment. We will discuss your answers and any questions you may have at your appointment. If your medications have changed please include a current list.

If you have questions concerning cost please use the insurance calling sheet enclosed in your packet. Please contact our office with any further questions concerning your appointment. Diane Eaton RN (208) 746-7572

**ALLERGY TESTING AND TREATMENT ADVISORY NOTE**

Allergies are the result of the body's abnormal response to normally harmless substances (allergens). This reaction can produce symptoms such as runny nose, stuffy ear, nasal congestion, recurrent sinus congestion and infections, headaches, hives, asthma, stomach complaints, fatigue, and skin conditions.

You will be tested for specific allergens that are airborne and/or ingested based on the answers you give on our questionnaire. Allergy testing helps us identify the antigens you may be reacting to, allowing us to develop an individualized treatment plan which may include immunotherapy. Immunotherapy is not a cure for your allergies, but many patients have found great relief from their allergy symptoms through immunotherapy. As with any exposure to an allergic substance, there is a chance you may experience an allergic reaction caused by the application of antigens during testing. Most reactions are minimal; however, there is risk of anaphylaxis (a severe allergic reaction which can be life threatening). If this should occur, you will be given emergency medical treatment to counteract this response.

In order to perform this testing efficiently, professional staff and equipment must be scheduled in advance. Please notify us in advance if you are unable to keep this appointment.

**The CPT codes below are to assist in receiving information from your insurance company on coverage for allergy testing. MQT (skin testing) and RAST.**

**CPT code: 95004**, MQT (prick skin test) cost for each antigen tested is \$10.00. Adults may have as many as 30 to 40 antigens tested totaling \$300.00 to \$400.00. Children 20 to 25 antigens tested totaling \$200.00 to \$250.00.

The antigens that can be tested are grass, weeds, trees, molds, dust mites, animals and are chosen on patient history.

**IDT** (intradermal testing) is the 2<sup>nd</sup> part of MQT skin testing.

**CPT code: 95024**, cost is \$15.00 each. The number tested is contingent on positives from MQT.

**RAST** (blood test) is used if you are taking medications, have skin conditions, or other health problems restricting you from skin testing or for food testing.

**CPT code: 86003**, (Inhalant and IgE food RAST testing) each antigen tested is \$15.00. Cost can be \$450.00 to \$800.00.

**CPT code: 86001**, IgG a delayed reaction to foods is the second component to RAST food testing. The cost for each antigen tested is \$15.00. Your insurance may not cover this and you will be responsible for the cost. **Medicare does not cover this charge**

**An office visit will be charged following testing depending on additional information and services the doctor provides for your treatment.**

**Medicare and Medicaid Patient do not need to call their insurance company.**

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I acknowledge receiving a copy of this form. I have carefully and completely read this note. I have had my questions answered and agree to proceed with testing and any treatment needed for an allergic reaction. I hereby release Valley Facial Plastics & ENT and its physicians and employees from liability as a result of allergy testing and treatment. I understand and agree that I am responsible for any cost for services rendered which are not covered by my insurance. I agree to the terms and conditions set forth above.

**I am not currently taking a beta blocker or other medications that will interfere with skin testing**, as outlined on the "MEDICATIONS THAT INTERFERE WITH ALLERGY TESTING" sheet given to me by Valley Facial Plastics & ENT.

\_\_\_\_\_ (Initial if applicable)

**I am taking a beta blocker, other medications have skin conditions that could possibly interfere with skin testing** and may require RAST testing or rescheduling.

\_\_\_\_\_ (Initial if applicable)

Patient/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ALLERGY HISTORY

DATE: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Allergy Review of Symptoms (Check all that apply)

<p><b>HEAD</b></p> <p>Congested _____</p> <p>Dizziness _____</p> <p>"Fuzzy" Headed _____</p> <p>Headaches _____</p> <p><b>EYES</b></p> <p>Burn _____</p> <p>Drainage _____</p> <p>(How often?) _____</p> <p>Puffy/Swelling _____</p> <p><b>NOSE</b></p> <p>Dry _____</p> <p>Foul Smell _____</p> <p>Itchy _____</p> <p>Plugged _____</p> <p>Post nasal drip _____</p>	<p>Runny _____</p> <p>Sinus infections _____</p> <p>Sneezing _____</p> <p>Congestion _____</p> <p>Decreased Smell _____</p> <p><b>EARS</b></p> <p>Itchy _____</p> <p>Plugged _____</p> <p>Ringing _____</p> <p>Red _____</p> <p>Watery _____</p> <p>Itchy _____</p> <p><b>THROAT/MOUTH</b></p> <p>Clears throat _____</p> <p>Laryngitis _____</p> <p>Loss of taste _____</p>	<p>Scratchy _____</p> <p>Swelling _____</p> <p><b>RESPIRATORY</b></p> <p>Asthma Attacks _____</p> <p>(How many per: day /wk mo ) _____</p> <p>Bronchitis _____</p> <p>Chest tightness _____</p> <p>Congested _____</p> <p>Cough _____</p> <p>Short of Breath _____</p> <p>URI _____</p> <p>Wheezing _____</p> <p>Pneumonia _____</p> <p><b>G.I.</b></p> <p>Abdominal cramping _____</p> <p>Appetite change _____</p>	<p>Bowel change _____</p> <p>Nausea/vomiting _____</p> <p>Constipation _____</p> <p>Diarrhea _____</p> <p>Fatigue after meals _____</p> <p>Gas/belching _____</p> <p><b>VASOMOTOR</b></p> <p>(Check all that cause an increase in symptoms)</p> <p>Flowers _____</p> <p>Gas fumes _____</p> <p>Irritant/spray _____</p> <p>Perfumes/cosmetics _____</p> <p>Smoke _____</p> <p>Soaps _____</p>	<p><b>GENERAL</b></p> <p>Fatigue _____</p> <p>Joint stiffness _____</p> <p>Mood swings _____</p> <p>Weight loss/gain _____</p> <p><b>SKIN</b></p> <p>Eczema _____</p> <p>Hives _____</p> <p>Itchy _____</p> <p>Rash _____</p>
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**Have you ever had a reaction to?** Bee Honey \_\_\_ Wasp \_\_\_ Hornet \_\_\_ Yellow jacket \_\_\_ other \_\_\_\_\_

**During which months of the year do you have symptoms?**  
 January \_\_\_ February \_\_\_ March \_\_\_ April \_\_\_ May \_\_\_ June \_\_\_ July \_\_\_ August \_\_\_ September \_\_\_ October \_\_\_ November \_\_\_ December \_\_\_

**Are your symptoms increased?**  
 Indoors \_\_\_ Outdoors Morning \_\_\_ Afternoon \_\_\_ Cold/warm air \_\_\_ With Sleeping \_\_\_ Sweeping/dusting \_\_\_ Yard work \_\_\_ Damp area \_\_\_

Average number of colds/flu in the last year: \_\_\_\_\_  
 Average number of days missed from work/school due to illness in the last year: \_\_\_\_\_  
 Average number of times on antibiotics in the last year: \_\_\_\_\_

**Childhood history:** (Check all that apply)  
 Chronic ear infection \_\_\_\_\_ Illness, but "grew out of it" \_\_\_\_\_ Poor sleeper \_\_\_\_\_ Freq. upper respiratory infection \_\_\_\_\_ Eczema/rashes \_\_\_\_\_

**Family history:** (Check all that apply)

	Father	Mother	Father's parents	Mother's parents	Siblings	Your Children
Asthma						
Angioedema						
Eczema/rashes						
Allergies						

**Environment:**  
 Age of home? \_\_\_\_\_ Recent remodeling? YES or NO \_\_\_\_\_ Prior history of fire or water damage? YES or NO \_\_\_\_\_  
 Symptoms worse in a specific room? YES or NO Room: \_\_\_\_\_ Feather/Down \_\_\_ Wool \_\_\_ Carpet \_\_\_\_\_  
 Are you around any animals inside or outside? Please list, including farm animals in your area: \_\_\_\_\_

**Occupation** \_\_\_\_\_  
 Do your symptoms increase at work? YES or NO \_\_\_\_\_

What foods do you crave? \_\_\_\_\_  
 What foods do you eat often? \_\_\_\_\_

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### **Identifying and Treating Food Allergies**

When identifying food allergies it can be difficult for patients to recognize and to link their symptoms to the foods they consume daily. They are often confused with inhalant allergies due to the similarities in symptoms.

Our allergy clinic tests for two types of food allergies IgE and IgG. The IgE, a Type I allergy response is uncommon and leads to the immediate occurrence of symptoms within minutes to hours and can result in an anaphylactic reaction. The IgG sensitivity is a delayed reaction and is much more common, and occurs within hours to days after consuming the offending food. It can be very difficult or impossible to identify these IgG allergies by symptoms alone. By drawing a blood sample, a RAST (radioallergosorbent test) can be done to identify these two types of food allergies. Allowing your physician to better evaluate your symptoms and treat your allergies appropriately.

Food allergy treatments are available, and we offer two types; the 4-day rotation diet and sublingual drop treatment, which are administered under the tongue three times a day. After your food testing is complete and the positive foods are identified, you will receive a printed example of a rotation diet and instructions to help you succeed in your dietary changes, along with instruction on the sublingual treatment option. We recommend starting with the highest offending food or foods when modifying your diet. You can identify these foods by viewing the class column with the highest number. It will be necessary to rotate all offending food when you are comfortable with the diet. Please feel free to ask your physician or allergy clinic nurse any questions or concerns you may have about your treatment plan.

### **Concomitant (Enhance) Foods**

Allergic reactions can sometimes be made worse when pollens are present. A food that you might never have a reaction to could react when specific pollens are in the air. Below are examples of common pollens and enhancing foods.

- Ragweed – Banana, Cantaloupe, Watermelon, Lettuce, Mint
- Mug wart (Sage) – Apple, Carrot, Celery, Kiwi, Orange, Peanut, Coriander, Potato, Tomato
- Juniper – Beef, Yeast
- Birch, Alder – Apple, Celery, Cherry, Peach, Pear, Hazelnut
- Grass – Legumes, Grains, Apple, Carrots, Celery

### **Synergistic Foods**

Foods that may cause an allergic reaction when eaten together.

- Wheat – Banana
- Cane Sugar – Orange
- Egg – Apple
- Corn – Banana
- Beef – Yeasts
- Milk – Mint

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# MEDICATIONS THAT INTERFERE WITH ALLERGY SKIN TESTING

## **Antihistamines (and antihistamine/decongestants): Discontinue 7 days prior to skin testing**

- Allegra/Allegra D (Fexofenadine)
- Astelin nasal spray
- Atarax
- Clarinex/Clarinex D
- Claritin/Claritin D (Loratidine)
- Zyrtec/Zyrtec D or Xzys

## **Over the counter antihistamines/decongestants: Discontinue 7 days prior to skin testing**

- Actifed
- Advil Cold & Sinus
- Benadryl (diphenhydramine)
- Chlor-Trimeton (chloropheniramine)
- Dimetapp
- Comtrex
- Children's cold & sinus medications
- Contac
- Coricidin
- Drixoral
- Sinutab
- Sudafed
- Tavist (clemastine)
- Tylenol (allergy, cold, sinus, & flu)
- Vick's (cold)

## **Nighttime pain relievers/sleep aids: Discontinue 5 days prior to skin testing**

- Bayer PM
- Doan's PM
- Excedrin PM
- Nytol caplets
- Tylenol PM
- Unisom sleep aid

## **H2 Antagonists (anti-ulcer & anti-nausea): Discontinue 3 days prior to skin testing**

- Pepcid (famotidine)
- Axid (nizatidine)
- Tagamet (cimetidine)
- Zantac (ranitidine)
- Phenergan
- Atarax
- Vistaril
- Compazine
- Meclizine

## **Anti-inflammatory: Discontinue 5 days prior to skin testing**

- Aspirin
- Motrin
- Flexeril
- Ibuprofen
- Celebrex
- Aleve
- Advil
- Vioxx

## **Beta Adrenergic Blocking Agents: Please notify our office if you are taking this medication**

- Betapace (Sotalol)
- Blocardren (Timolol maleate)
- Coreg (Carvedilol)
- Corgard (Nadolol)
- Inderal (Propranolol)
- Kerlone (Betaxolol)
- Levatol (Penbutolol Sulfate)
- Lopressor (Metoprolol)
- Normodyne (Labetalol)
- Sectral (Acebutolol)
- Ternormin (Atenolol)
- Timolide (Timolol maleate)
- Toprol-XL (Meteroprolol)
- Pindolol
- Zebeta (Bisoprolol)
- Ziac (Bisopropolol)

## **Topically applied beta-blockers: Please notify our office if you are taking this medication**

- Betoptic (Betaxolol)
- Betagan (Levobunolol)
- Ocupress (Carteolol)
- Opti-Pranolol (Metipranolol)
- Timoptic (Timolol)

## **Tricyclic antidepressants: Please notify our office if you are taking this medication**

- Anafranil (Clomipramine)
- Asendin (Amoxampine)
- Elavil (Amitriptyline)
- Norpramin (Desipramine)
- Pamelor (Nortriptyline)
- Remeran (Mirtazapine)
- Sinequan (Doxepin)
- Surmontil (Trimipramine)
- Tofranil (Amitriptyline)
- Vivactil (Protriptyline)
- Trazodone

## **MAO inhibitors: Please notify our office if you are taking this medication**

- Matulane (Procarbazine)
- Nardil (Phenelzine)
- Parnate (Tranylcypromine)

## **Attention Deficit Hyperactivity Disorder (ADHD): Please notify our office if you are taking this medication**

- Stattera (Atomoxetine)

## **Herbal supplements: Discontinue 10 days prior to skin testing**

- Licorice
- Green Tea
- Saw Palmetto
- St. John's Wort
- Feverfew
- Milk Thistle
- Astragalus
- Allerplex