

Valley Facial Plastics & ENT, PA

Jeff Burry, DO • Sennett Pierce, DO • Elizabeth O'Neil, AuD
330 Warner Drive • Lewiston, ID 83501
Phone (208) 746-0193 • Fax (208) 746-7074

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

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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 and discussion with your physician.

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 (blood test). An office visit will be charged following MQT testing to determine a treatment plan with your physician.

MQT (prick skin test) CPT code: 95004, Cost for each antigen tested is \$10.00. Patients may have as many as 30 to 35 antigens tested totaling \$300.00 to \$350.00. The antigens that can be tested are grass, weeds, trees, molds, dust mites, animals and are chosen based on patient history and exposures.

- IDT (intradermal testing) is the 2nd 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 for inhalants. Food allergy testing is strictly performed via RAST.

- CPT code 86003: IgE immediate reactions for inhalant or/and food RASTtesting) each antigen tested is \$15.00. Cost can be \$450.00 to \$800.00.**
- CPT code 86001: IgG delayed reaction to foods is the second component to RAST food testing. The cost for each antigen tested is \$15.00. Testing the 6 hidden foods including eggs, milk, wheat, corn, soy and baker’s yeast is \$90.00. Some insurances are not covering IgG testing, including Medicare, some Medicaid, and Regence. The patient will be responsible for the cost not covered by insurance.**

If you have questions regarding whether insurance will cover testing, please contact your insurance company.

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 Name (please print) _____
Patient/Parent Signature: _____ **Date:** _____

ALLERGY HISTORY

DATE: _____

Patient Name: _____ Date of Birth: _____

Height: _____ Weight: _____

Allergy Review of Symptoms (Check all that apply)

<p>HEAD</p> <p>Congested _____</p> <p>Dizziness _____</p> <p>"Fuzzy" Headed _____</p> <p>Headaches _____</p> <p>EYES</p> <p>Burn _____</p> <p>Drainage _____</p> <p>(How often?) _____</p> <p>Puffy/Swelling _____</p> <p>NOSE</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>EARS</p> <p>Itchy _____</p> <p>Plugged _____</p> <p> ringing _____</p> <p>Red _____</p> <p>Watery _____</p> <p>Itchy _____</p> <p>THROAT/MOUTH</p> <p>Clears throat _____</p> <p>Laryngitis _____</p> <p>Loss of taste _____</p>	<p>Scratchy _____</p> <p>Swelling _____</p> <p>RESPIRATORY</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>G.I.</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>VASOMOTOR</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>GENERAL</p> <p>Fatigue _____</p> <p>Joint stiffness _____</p> <p>Mood swings _____</p> <p>Weight loss/gain _____</p> <p>SKIN</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