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Patient Instructions/ Consent Form For Allergy Testing

Skin testing is a method to test for allergic antibodies.

A test consists of introducing small amounts of the allergen into the skin and recording results found within a 20 minute time span. A positive reaction causes a wheal (swelling at injection site) and flare (surrounding area of redness).

Three skin testing methods are:

1. Prick-Puncture Method: The skin is prick-punctured with an applicator coated with allergen.
2. Intradermal Method: Consists of injecting small amounts of an allergen into the superficial layers of the skin.
3. Multi-Test Method (optional): Allergen solutions are placed on individual prongs of a multi-pronged plastic device which is firmly placed on the back for 5-10 minutes, then is removed.

Some allergens that might be tested would be trees, grasses, weeds, molds, dust mites, dander, and if necessary, milk, egg, pecan, peanut, and a few other foods. Skin testing appointments take about 1 hour. Prick-Puncture tests will be performed on the back. Intradermal tests will be performed on the forearm.

***If you have a specific allergic sensitivity to an allergen, a red, raised, itchy hive appears on the skin within 15-20 minutes once it has been applied. These reactions even though are itchy and uncomfortable will go away within 30-60 minutes. Typically no treatment is necessary. Occasionally local swelling at a test site will begin 4-8 hours after the skin testing, mostly where the intradermal testing has taken place; these reactions are not serious and will gradually disappear over the next week or so.

***you may be scheduled for skin testing to antibiotics, caines, venoms, or other biologic agents and these same guidelines apply.

MEDICATIONS YOU MUST STOP PRIOR TO TESTING:

***Antihistamines as they will block the histamine response making the test inaccurate.

No over-the-counter antihistamines should be used 5 days prior to the scheduled appointment.

All cold tablets, sinus tablets, hay fever medications, oral treatments for itchy skin, and over-the-counter sleeping medications.

Patient's name: _____ You may be tested to selected foods. Have you had ant reactions/allergies to egg, wheat, milk, fish, soy, peanut, pecan, shellfish, or others? _____yes _____no

PHYSICIAN

DATE SIGNED

I have read the patient information form on allergy skin testing and understand it, the opportunity has been provided for me to ask questions regarding 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 any reaction to skin testing.

By signing here I consent to the allergy testing and acknowledge that I have not taken any medications that will alter the testing results.

PATIENT SIGNATURE

PARENT/GUARDIAN

DATE SIGNED