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PATIENT CONSENT FOR ALLERGY SKIN TESTING

The skin test is a method 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 a positive reaction (which consists of a wheal, swelling, or flare in the surrounding area of redness).

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

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

You will be tested to important airborne allergens or foods. These include, trees, grasses, weeds, molds, dust mite, and animal danders or foods. Prick tests are usually performed on your back, but may also be performed on your arms. Intradermal skin test, if necessary, are performed on your arms.

If you have a specific allergen sensitivity to one of the allergens, a red, raised, itchy bump will appear on your skin within 15-20 minutes. These positive reactions generally disappear within 30 to 60 minutes. Occasionally local swelling at a test site will begin 4 to 8 hours after the skin tests are applied, particularly at sites of intradermal skin testing. These reactions are not serious and will disappear over the next week or so. You may be schedule for skin testing to antibiotics, local anesthetics (caines), venoms, or other biological agents. The same guidelines apply.

Allergic reactions to skin testing are rare. Possible reactions to skin testing include: 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 anaphylaxis and shock (sudden, severe generalized allergic reaction), the latter under extreme circumstances.

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

I hereby Christina M. Abraham, M.D. to provide such additional services which may deem reasonable and necessary including, but not limited to, the treatment of severe allergic reaction in a hospital or emergency room, using services of the X-ray department, laboratories or hospitalization and that our office is not responsible for any costs associated with these treatments.

I have acknowledged that I have stopped all antihistamines 5 days prior to this testing as they may interfere with test results. These antihistamines include those by prescription and over the counter. Please let the physician if you are pregnant. Allergy skin testing may be postponed until after delivery.

I hereby state that I have read and understand this consent, and have had all of my questions about the procedure or procedures and treatment answered to my satisfaction.

I authorize Dr. Christina M. Abraham, MD to perform allergy testing if deemed necessary. The above named procedures may not be performed on all patients. No testing or procedures will be performed without my consent.

I have read the patient information sheet on allergy 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 at every precaution consistent with the best medical practice will be carried out to protect me against such reactions.

THIS CONSENT FORM IS VALID UNTIL REVOKED BY ME IN WRITING!

Print Patient Name: _____ Patient Signature: _____ Date: _____

Parent Legal guardian: _____ Physician: _____ Date: _____