



## Informed Consent for Allergy Testing

### **The following has been explained to me in general terms and I understand:**

- The diagnosis requiring this procedure is Allergic Rhinitis, which may lead to frequent congestion, headaches, sinus infections, ear problems etc.
- The nature/purpose of this procedure is hyposensitization to alleviate allergic symptoms.
- **Material risks of the procedure:** As a result of this procedure being performed, there may be material risks of: Allergic reaction, skin rash, bronchial asthma, delayed reaction, diarrhea, headache, arm reaction and anaphylactic shock or death.
- Practical alternatives to this procedure include: antihistamines and other medical treatments.

### **PROCEDURE**

Skin testing is a method of detecting “allergic antibodies” in the system that may be a cause of allergy symptoms. A test consists of introducing a small amount of the suspected substance, or “allergen,” into the skin and noting the development of a positive reaction (which consists of a wheal). The results are measured 10-15 minutes after the application of the antigen. The skin test methods to be used are checked below:

- Intradermal Method: This method consists of injecting small amounts of an allergen into the superficial layers of the skin using a small syringe and needle.
- Skin Prick Method: Allergen solutions are placed on the individual prongs of a multi-prong plastic device, which is firmly placed on the skin for 3-5 seconds, then removed, leaving behind the allergen solutions and punctures.

Interpreting the clinical significance of skin testing requires skillful correlation of the test results with the patient’s clinical history. Positive tests indicate the presence of allergenic antibodies, but are not necessarily correlated with clinical manifestations.

The tests will be placed on your arms. If you have a specific allergic sensitivity to an allergen, a red, raised, itchy wheal (caused by release of histamine into the skin) will appear on your skin within 10-20 minutes. These positive reactions will generally fade and disappear over a period of 30-60 minutes and typically no treatment is necessary for this itchiness. Occasionally, local swelling at a test site will begin 4-8 hours after the skin tests are applied, particularly at sites of intradermal tests. These reactions are not serious and will disappear over the next day or two.

**I understand the physician, medical personnel and other assistants will rely on statements about the patient, the patient’s medical history and other information in determining whether to perform allergy testing and treatment.**

I understand the practice of medicine is not an exact science and **no guarantees or assurances have been made to me** concerning the results of this procedure.

**PRECAUTIONS**

Prior to the placement of the skin tests, please let the nurse and your doctor know:

- If you are using any new prescription medication, particularly medication for high blood pressure, migraine headaches or glaucoma.
- If you are pregnant.
- If you are having active asthma problems.
- If you are experiencing wheezing or tightness in your chest, even if you have never been diagnosed with asthma.
- If you are running a fever more than 100°.
- If you are experiencing an allergy flare up. If you have extreme sneezing, watery eyes or any other common allergy symptoms.
- If you have just finished or are about to begin exercising.
- If you have bronchitis, pneumonia or an acute illness.
- If you have hives, shingles or are currently recovering from exposure to poison ivy or poison oak.

After skin testing is completed, the results will be discussed with you and further recommendations will be made regarding your allergy treatment.

I authorize members of the doctor’s staff to observe and/or assist in this procedure for educational purposes.

I also consent to courses of treatment relating to the diagnosis or procedure described herein.

I acknowledge I have read or had this form read and/or explained to me. I fully understand its contents, have been given ample opportunity to ask questions and my questions have been answered satisfactorily. I understand every precaution, consistent with the best medical practice, will be carried out to protect me from adverse reactions to this testing. I give my permission for the staff of The Center for Allergy & Sinus proceed with allergy skin testing and to perform necessary procedures and administer necessary medications in treating any adverse reaction that may occur from this testing. All blanks or statements requiring completion were filled in.

**I hereby voluntarily request and consent to the performance of the procedures described or referred to herein by my Doctor and any other physicians or other medical personnel under the direct supervision and control of such physician who may be involved in the course of my treatment.**

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Patient Signature ( or Parent / Legal Guardian)

\_\_\_\_\_  
Date Signed