



TEXAS LUNG ASSOCIATES

Allergy Clinic

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209 N. Bonnie Brae Street, Suite 300, Denton, TX 76201

Phone: (940) 382-LUNG (5864) Fax: (940) 382-FXFX (3939)

E-mail: allergy@texaslung.com Website: www.texaslung.com

PREPARATION FOR ALLERGY TEST

Your doctor has diagnosed you with allergies and has ordered allergy testing. The allergy clinic will contact you to schedule your appointment. At that time your insurance benefits will be reviewed; and when you will need to discontinue taking certain medications.

Testing will take approximately two and half to three hours to complete. It will consist of a skin prick test on your back followed by additional testing on your upper arm(s). After your test, the results will be reviewed. You will receive a copy of your test and treatment options will be presented to you. All medications can be resumed after testing.

DON'TS

- Do **NOT** take Claritin, Clarinex, Zyrtec, Xyzal or Allegra for **SIX** days prior to the allergy test.
- Do **NOT** take over the counter antihistamines (Benedryl, cold & sinus medications, sleep aids like Tylenol PM) **SIX** days before the test.
- Do **NOT** take medications such as Tagament, Pepcid or Zantac **SIX** days prior to testing, as these contain antihistamine.
- Do **NOT** take a **TRICYCLIC ANTIDEPRESSANT MEDICATION**. Please inform the allergy technician/medical assistant if you do. These medications must be stopped **THREE** weeks prior to the allergy test with the permission of the prescribing physician. (Not all antidepressant medications are tricyclic).
- **DO NOT TAKE A BETA-BLOCKER MEDICATION.** Please inform the allergy technician/medical assistant if you do. Beta-blockers are medications for high blood pressure, migraine headaches, heart problems or glaucoma. These medications must be stopped **TWO** weeks prior to the allergy test with the permission of the prescribing physician.
- Do **NOT** wear cologne, scented body lotion or hair spray; however, deodorant is fine.

TAKING ANY OF THE ABOVE MEDICATIONS CAN ALTER YOUR ALLERGY TEST RESULTS OR MAKE TESTING DANGEROUS! IF YOU ARE UNSURE ABOUT A MEDICATION, PLEASE ASK THE ALLERGY TECHNICIAN/MEDICAL ASSISTANT PRIOR TO YOUR APPOINTMENT.

DO'S

- You may continue to use steroid nasal sprays. If you use Astelin, **DO NOT** use it **SIX** days prior to testing.
- It is not necessary to be fasting or on a special diet for the test.
- Wear a loose, short sleeve shirt, **NOT** sleeveless.
- You may bring a beverage; however, we will provide cold bottled water to drink.



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Medications to Avoid Prior to Allergy Testing

Antihistamines

Actifed	Claritin	Optivar
Advil PM	Clemastine	Periactin
Alavert	Compoz	Phenergan
Allegra	Contac 12 Hour Allergy	Polaramine
Aller-Chlor	Desloratadine	Promethazine
Allerdryl	Diphenhydramine	Quintadrill
Allerhist-1	Diphedryl	Rezine
Astelin	Diphen	Ridraman
Astepro	Effidac	Seldane
Astemizole	Fexofenadine	Sominex
Atarax	Genahist	Terfenadine
Azelastine	Hismanol	Tussionex Cough Syrup
Banophren	Hydramine	Twilite
Benadryl	Hydroxyzine	Tylenol PM
Calm-Aid	Levocertirizine	Unisom
Certirizine	Loratadine	Vistaril
Chlor-Trimeton	Livostin	Tavist-1
Chlorphen	Mequitazine	Tavist
Chlorpheniramine	Nu-Med	Xyzal
Clarinet	Nytol	Zyrtec

Tricyclic Antidepressants

Adapin	Doxepin	Pamelor
Amitriptyline	Elavil	Protriptyline
Amoxampine	Endep	Sinequan
Anaframil	Etrafon	Surmontil
Asendin	Imipramine	Tofranil
Aventyl Hydrochloride	Limbitrol	Vanatrip

Beta Blockers

Acebutolol
Atenolol
Betapace
Betaxolol
Betimol
Betoptic
Bisoprolol
Blocarden
Brevibloc Injection
Bystolic
Carvedilol
Cartrol
Coreg
Coreg CR
Corgard
Corzide
Cosopt
Esmolol
HCT/Propranolol
Inderal
Inderide
InnoPran XL
Kerlone
Labetalol

Levatol
Lopressor
Lopressor HCT
Metoprolol
Nadolol
Nebivolol
Normodyne
Ocumeter
Penbutolol
Propranolol
Pindolol
Secrtal
Sorine
Sotalol
Tenoretic
Tenormin
Timolol
Timolide
Toprol
Toprol XL
Trandate
Visken
Zebeta
Ziac

Glaucoma Eye Drops:

AK-Beta
Betagan
Betaptic
Betaxolol
Betaxon
Betoptic S
Betazon
Carteolol
Combigan
Cosopt
Istalol
Levobetaxolol
Levobunolol
Metipranolol
Ocupress
Optipranolol
Timoptic



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PATIENT QUESTIONNAIRE PRIOR TO TESTING

(Please complete and bring with you on testing day)

1. What are your allergy symptoms and when did they develop?
2. Do you have asthma? Yes No
3. Have you ever had to go to the ER because of allergies or asthma? Yes No
4. Allergy symptoms: Seasonal Perennial
If seasonal, which seasons? Winter Spring Summer Fall
5. Have you always lived in this area? Yes No
If no, where did you move from?
6. Have your symptoms worsened since living here? Yes No
7. Do you own any pets? Yes No
If yes, what type?
8. **Are they allowed:**
indoors? Yes No
in the bedroom? Yes No
on the bed? Yes No
9. Do you have any symptoms around animals? Yes No
If so, what type?
10. Is there anything else that triggers your allergy symptoms? Yes No
If so, what?
11. **Have you discontinued the following medications?**
Antihistamines (6 days) Yes No
Beta Blockers (2 weeks) Yes No
Tricyclic Antidepressants (3 weeks) Yes No
12. Is it OK to test either arm? Yes No

Patient Signature _____

Date _____

ALLERGIC HISTORY

Please complete and bring with you on testing day!

Name _____ Age _____ Sex _____ Date _____

Present Symptoms _____

Ever had allergy testing or injections? **Testing** Yes No **Injections** Yes No

Any known allergy to medications? Yes No If yes, what? _____

Any known allergy to foods? Yes No If yes, what? _____

Please mark the situations that apply to you

A. SYMPTOMS OF POLLEN ALLERGY: (usually important in warm weather)

- Aggravated outdoors
- Aggravated on windy days
- Itching of the eyes
- Aggravated on clear days
- Aggravated outdoors 7:00AM to 11:00AM
- Improved indoors
- Improved in air conditioning
- Aggravated when going from an air-conditioned room to the open air

B. SYMPTOMS OF DUST ALLERGY: (more important in cold weather)

- Aggravated indoors
- Improved outdoors
- Increased within 30 minutes after going to bed
- Reoccur or increase each year with the return of cold weather
- Nasal symptoms with little or no itching of eyes
- Aggravated with air conditioning
- Increased when dusting or sweeping

C. SYMPTOMS OF MOLD ALLERGY:

- Aggravated outdoors between 4:30PM.to 8:30PM.
- Increased by cool evening air (early evening)
- Aggravated while mowing or playing on grass
- Aggravated from mid August to November
- Aggravated from fall to first frost
- Definitely increased around end of October
- Aggravated with north wind, September to December

D. SYMPTOMS FROM SPECIFIC CONTACTS:

- Aggravated in house after lights have been on about an hour
- Aggravated in a certain room? Which one _____
- Aggravated in a basement
- Aggravated in barns
- React in a home with cats
- React in a home with dogs
- Aggravated in your house, but not in others

Please rate your symptoms 1-5 (#1 is low degree of symptom, #5 is high degree of symptom)

CHECK THE NUMBER

EYES: (itchy, watery, or swelling)	1	2	3	4	5
EARS: (itchy, draining or congested)	1	2	3	4	5
NOSE: (runny, or congested)	1	2	3	4	5
HEADACHES (allergy related)	1	2	3	4	5
POST NASAL DRIP	1	2	3	4	5
COUGH (allergy related)	1	2	3	4	5
SNEEZING	1	2	3	4	5