Allergy Symptom Score Sheet

Patient Name	Date

Circle the appropriate number 0-5 according to severity: 0 = no problem, 5 = very severe

•	Nasal Discharge or sneezing0	1	2	3	4	5
	Watery or itchy eyes 0	1	2	3	4	5
	Frequent sinus or ear infection 0	1	2	3	4	5
	Frequent colds or sore throats 0	1	2	3	4	5
	Wheezing or asthma 0	1	2	3	4	5
	Cough	1	2	3	4	5
	Poor memory or concentration or hyperactivity 0	1	2	3	4	5
	Itching, hives, eczema or skin irritations 0	1	2	3	4	5
	Abdominal gas or cramping 0	1	2	3	4	5
	Arthritis or muscle aching 0	1	2	3	4	5
	Headache	1	2	3	4	5
	Please list other symptoms					

Allergy Questionnaire - Intake Questions To Be Filled Out by Patient

Patient Name	Birthdate
Reviewed by	Date
congestion, difficulty breathing,	of these symptoms more than twice per year: Cough, cold, headaches, wheezing, runny nose, sore throat, itchy/irritated eyes, d fatigue, skin irritation, snoring? Yes No
2. Has he/she ever been diagnosed	with asthma or bronchitis? Yes No
3. Does he/she experience sympton	ns of allergies? ☐ Yes ☐ No
4. Regarding possible food allergie (check all that apply)?	s, does your child experience any of the follow
Bloating after eating	☐ Diarhea
Constipation	☐ Upset stomach
Stomach pain	☐ Indigestion
■ Nausea	☐ Vomitting
Tingling of the mouth	☐ Any other unusal sensation

Enter Name	
Francis and Addistress of the Control of the Contro	Today's Date:
Enter Address	Patient's Name:
Enter Gity/State/Zip	raneriis radille.

FOR PATIENTS:

Take the Asthma Control Test™ (ACT) for people 12 yrs and older. Know your score. Share your results with your doctor.

- Step 1 Write the number of each answer in the score box provided.
- Step 2 Add the score boxes for your total.
- Step 3 Take the test to the doctor to talk about your score.

All of	how much of the time did your asthm			SCORE
the time	the time 2 the tim		None of the time 5	
2. During the past 4 we	eeks, how often have you had short	ness of breath?		
More than once a day	Once a day 2 3 to 6 to	Dince of twise a week	4 Not at all 5	
3. During the past 4 we or pain) wake you up	eks , how often did your asthma symat night or earlier than usual in the	ptoms (wheezing, coughing, shortn morning?	ess of breath, chest tightness	
4 or more nights a week	2 or 3 nights 2 Once a a week	weak 3 Dince or twice	4 Not at all 5	
4. During the past 4 we	e ks , how often have you used your	rescue inhaler or nebulizer medica	ation (such as albuterol)?	
3 or more times per day	1 or 2 times 2 2 or 3 ti per day 2 per wee	nes 3 - Once a week	Not at all 5	
5 . How would you rate y	our asthma control during the past	4 weeks?		
Not controlled at all	Poorly 2 Somewhole controlled controlled		Completely controlled 5	
				TOTAL "
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If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.

FOR PHYSICIANS:

The ACT is:

- A simple, 5-question tool that is self-administered by the patient
- Recognized by the National Institutes of Health
- Clinically validated by specialist assessment and spirometry¹

ALLER VISION | Beta Blockers

Review patients' medical history for beta blockers. **Do not skin test if patient is on a beta blocker** — postpone skin test until 72 hours after last dose of beta blocker or perform a blood test.

Patients taking a beta blocker cannot receive allergy injection treatment.

This list may not include all beta blockers currently on the market. If you are unsure of the class of a patient's medication or require a comprehensive list, consult the PDR.

GENERIC Name

- Acebutolol
- Atenolol
- Betaxolol
- Bisoprolol
- Carvedilol
- Carteolol
- Esmolol
- Labetaloi
- Levobunolol
- Metipranolol
- Metoprolol
- Nadolol
- Nebivolol
- Penbutolol
- Pindolol
- Propranolol
- Sotalol
- Timolol

BRAND Name

- Betagan®
- Betapace®
- Betimol®
- Betoptic®
- Blocadren®
- Brevibloc®
- Bystolic®
- Coreg[®]
- Coreg CR®
- Corgard®
- Inderal®
- Inderal LA®
- InnoPran XL®
- Istalol®
- Kerlone®
- Levatol®
- Lopressor®
- OptiPranolol®
- Ocupress[®]
- Sectral®
- Sorine®
- Tenormin®
- Timoptic®
- Toprol-XL®
- Trandate®
- TSectral®
- Visken®
- Zebeta®



What should I do, or not do, before my allergy test?

- Do not take antihistamines for three days before testing. If this is not possible, contact your provider to discuss options so you can undergo the allergy test as scheduled!
- Notify your provider before the test if you take beta blockers (blood pressure medication). If you are using beta blockers at the time of testing, your provider will perform a blood test instead of a skin test.
- Alert your provider if there's any chance you're pregnant. He or she
 can test for pregnancy before the skin test. If you are pregnant, you
 will receive a blood test instead of a skin test.
- Tell your provider if you are experiencing any signs of a severe allergic reaction on the day of testing (e.g. hives or difficulty breathing).
- Inform your provider if you have been diagnosed with cancer or an immune disorder.

What should I expect during testing?

Your provider will clean your skin on your back with an alcohol swab. That will feel cool and slightly wet. He or she will warn you before the testing begins. As the first set of antigens is applied to your skin, you'll feel minor pressure from the tines of the testing device. This will last for just a few seconds and then be repeated in five areas. You can expect slight discomfort, as well as some itchiness from positive results. Try to avoid scratching while the test develops. Notify your provider if you feel symptoms other than itchiness.

Will the tines penetrate my skin?

No, the testing unit (MAST device) is pressed onto your skin; no blood is drawn. If a spot of blood does appear, the provider simply blots the area and continues the procedure.

How long will it take for results to develop?

Results will be available in just 15 minutes. An allergy technician will check on you every five minutes or so during that time to make sure you are okay. After 15 minutes, he or she will read the results and remove the antigens with an alcohol swab.

What if I am extremely uncomfortable with reactions before 15 minutes are up?

If you have clearly positive reactions and are very uncomfortable, the technician will wipe the antigen off and read the results early.

How does my provider measure the reaction?

Reactions are evaluated by measuring raised areas of skin with a millimeter ruler. Allergic severity is graded as follows: 2-4mm=low; 5-7=moderate; 8-10=high; 11-13=very high.

What happens after the test?

The provider wipes the antigens off the skin with alcohol wipes. You may then receive hydrocortisone cream and/or oral Claritin if necessary to ease any lingering discomfort or itchiness. Then your provider will explain the results and discuss your options for treatment, if applicable.

How long will the reaction last after testing?

Itching begins to resolve as soon as the antigen is wiped away. Bumps usually last about an hour. In rare cases, the reaction may last longer but it is generally not uncomfortable. For the very rare cases of lasting reaction, Claritin and hydrocortisone cream help minimize discomfort.

How much does testing cost?

It is covered by most insurance plans. You will only be responsible for your regular co-pay and deductible.

Is there an age limit for testing and treatment?

No. Small children will be tested for fewer antigens than older children and adults, but the test is safe for children of any age.

Can I be tested if I have a skin condition or moles?

Yes. If possible, your provider will place the test on areas that are not acutely affected. If there are no unaffected areas, you will receive a blood test instead of a skin test.

Can I be tested if I have a tattoo?

Yes. The technician will place the test on areas that are not inked. He or she may use ink-free areas on your back, arms, or legs. If you are inked in all areas, you will receive a blood test instead of a skin test.

ALLER VISION | Antihistamines

This list may not include all antihistamines on the market. If you are unsure of the class of a patient's medication or require a comprehensive list, consult the PDR. Brand names are listed first with generic names in parenthesis.

Accuhist (Chlorpheniramine, Phenylephrine)

Actifed (Triprolidine)

Aldex AN (Doxylamine)

Alavert (Loratadine)

Allegra (Fexofenadine)

Antivert (Meclizine)

Astepro (Azelastine - Dispensed as a Nose Spray)

Astelin (Azelastine - Dispensed as a Nose Spray)

Atarax (Hydroxyzine)

Benadryl (Diphenhydramine)

Bonine (Meclizine)

Bromfed (Brompheniramine)

Chlor-Trimeton (Chlorpheniramine)

Clarinex (Desloratadine)

Claritin (Loratadine)

Dimetane (Brompheniramine)

Dramamine (Dimenhydrinate)

Dura-Vent (Loratadine)

Extendryl (Methscopolamine)

Kronofed (Phenindamine)

Meni-D (Meclizine)

Naldecon (Chlorphen-Phenyltolox)

Nolahist (Promethazine)

Nolamine (Pyrilamine)

Nytol (Diphenhydramine)

PBZ (Tripelenamine)

Palgic (Carbinoxamine)

Pamine (Methscopolamine)

Pannaz (Chlorpheniramine, Phenyl-propanolamine, Methscopolamine Nitrate)

Patanase (Olopatadine – Dispensed as a Nose Spray)

Periactin (Cyproheptadine)

Phenergan (Promethazine)

Poly-Histine (Phenyltoloxmine)

Rynatan (No Generic)

Seldane (Terfenadine)

Semprex (Acrivastine)

Sinulin (Acetaminophen, Chlorpheniramine, Phenylpropanolamine)

Sominex (Diphenhydramine)

Tavist (Clemastine)

Trinalin Repetabs (n/a)

Tussionex (Chlorpheniramine, Hydrocodone)

Tylenol Allergy (Chlorpheniramine)

Unisom (Doxylamine)

Vistaril (Hydroxyzine)

Xyzal (Levocetirizine)

Zyrtec (Cetirizine)

ALLEROVISION Useful Hints for Avoiding Allergens

Ideally, the best way of avoiding allergy symptoms is by staying away from the allergens that cause them. This requires a dedicated effort because most people with an allergy to one environmental particle—pollen, dust, pet dander or mold—are also allergic to others. Each allergen, presented individually, may not activate your symptoms but multiple ones can gang up on your immune system and create a reaction. That reaction could range in severity and discomfort from sneezing or itchy eyes to recurrent bronchitis, sinus infections and asthma.

Therefore, it's important to discover all your triggers with an allergy test and take the necessary steps to avoid them wherever possible.

If you are allergic to POLLENS

Pollens are the tiny airborne particles released by trees, weeds, and grasses for the purpose of fertilization and reproduction. Some pollens circulate only at certain times of the year, others are perennial. These tips can help you all year:

- Stay indoors when pollen counts are high for pollens that affect you (you can find local pollen counts at www.pollen.com)
- · Avoid yard work or wear a micro-fiber mask when digging in dirt
- Keep windows in your home and car closed and set your air conditioner to "re-circulate"
- Use high-efficiency particulate air (HEPA) filters for your furnace and vacuum cleaners
- When you work outside, remove work clothes outdoors and carry them in a bag to a washing machine
- Shower after working outside and be sure to wash your hair, eyes and eyelashes
- Take allergy medications, if necessary, 30 minutes before going outdoors
- Avoid highways or industrial plants; exhaust and air pollution make symptoms worse
- · When exercising, breathe through your nose

If you are allergic to MOLD SPORES

Molds live indoors and outdoors. They give off spores that can cause allergic reactions throughout the year. These steps can help you avoid exposure to outdoor mold:

- Avoid barns, greenhouses, sleeping bags, summer cottages, and walking through uncut fields
- Avoid mowing grass, handling mulch or compost, raking leaves, or working with hay
- Avoid using fans that draw in outside air; when possible, use an air conditioner on recirculate and keep windows and doors closed
- If you have a basement or live in an area of high humidity, use a dehumidifier in your home
- Wash evaporative ("swamp") coolers
- · Fix water leaks promptly

- Clean furnace filters, refrigerators and dehumidifiers (and clean drip pans with bleach)
- · Thoroughly dry clothes before storing
- · Clean moldy areas with fungicide or bleach

If you are allergic to ANIMAL DANDER

Allergy to an animal (such as a cat or dog) is actually a sensitivity to a protein in the pet's saliva which is transferred, by licking, to its skin and fur. Try these preventative measures:

- · If you own a furry pet, try to keep it outdoors
- · Confine the pet to a room with a polished, wipe able floor
- Use high-efficiency particulate air (HEPA) filters and vacuum cleaners often
- · Wash your pet weekly in warm water and soap

If you are allergic to HOUSE DUST MITES

Dust mites are invisible creatures that live in house dust and feed on dead skin flakes. Most tips to handle dust mites involve regularly cleaning your home and furnishings (including curtains and beds):

- Keep house clean by vacuuming and reducing clutter
- Wash bedding weekly in 130°F hot water
- Wear an appropriate mask while cleaning and avoid area for 20 minutes after cleaning
- Change furnace and air conditioner filters regularly
- Encase mattresses, pillows and box springs in allergen-proof covers
- If you have a basement or live in an area of high humidity, use a dehumidifier to reduce the humidity in your home

If you are allergic to COCKROACHES

Cockroach saliva, fecal matter and shed skin can cause problems for to humans immune systems. Make every attempt to eradicate roaches and follow these other procedures:

- Place bait traps or call a professional exterminator
- Wash dishes, vacuum, keep food and garbage in closed containers and take out garbage regularly
- · Don't store paper bags, newspapers or cardboard boxes
- Seal plumbing openings, cracks and crevices

If these avoidance measures seem unreasonable, impossible or undesirable, ask your healthcare provider about immunotherapy. This treatment, which does not use medication, conditions your body to accept allergens as normal elements of the environment — which they are — and so it stops trying to fight them off. Consequently, immunotherapy can put your allergies into remission.