ROCKLAND EAR, NOSE & THROAT ASSOCIATES, P.C.

SHELLEY R. BERSON M.D., F.A.C.S. , F.A.A.O.A.

2 Strawtown Road
West Nyack, New York 10994
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(845) 727-1340
(845) 727-1349 fax

ALLERGY TESTING

Allergy testing is comprised of usually one, but sometimes two appointments. The first test is a screening test called " Multitest" , which is performed by pricking the surface of the skin with 40 indoor/outdoor

airborne allergens; this is more or less a "yes-no" test that shows us if you are allergic at all. This will take about 40 minutes of your time. Sometimes we follow-up the Multitest with a second testing appointment. We will perform MQT (Modified Quantitative Testing) to see how allergic you might be. The entails tiny injections under the skin and will require about an hour and a half of your time.

We also offer testing for food allergies; this will be done on another day. The first half of the food testing is with the Multitest device, and the second half is performed in a manner similar to the MQT.

For all of the above testing procedure, we ask that you wear short-sleeved or loose fitting top so we can access both upper arms.

You **CAN CONTINUE** Flonase, Nasonex, Nasacort, Omnaris, Singulair, Veramyst, decongestants or steroids

DO NOT TAKE ANY ANTIHISTMINE MEDICATIONS FOR FIVE DAYS BEFORE ALLERGY TESTING (they might interfere with the test results) ; SOME EXAMPLES ARE:

Actifed	Clarinex	Phenergan Sinurest
Alavert	Comtrex	Sudafed Plus
Alka-Seltzer plus sinue	Contact Max	Taxist
Allerest	Coricidin	Triaminic Allergy
Allegra	Dimetapp	Tylenol Allergy & Sinus
Astelin	Dimetane	TylenolPM
Antivert	Drixoral	Vicks Nyquil
Atarax	Naldecon	Vicks Pediatric Formula 44
Benadryl	Optivar	Vistaril
Chlor-Trimeton	Patanase	Xyzal
Claritin	Pedicare Night Rest	Zyrtec

Please inform us if you are on a Beta Blocker medicine, [this is an anti- hypertensive medicine for high blood pressure] SOME EXAMPLES ARE:

Acebutolol	Carvedilol	Labetolol	Sotalol
Atenolol	Coreg	Levatol	Tenoretic
Betapace	Corgard	Lopressor	Tenormin
Betaxol	Esmolol	Metoprolol	Tenoretic
Bisoprolol	Inderal	Nadolol	Toprol XL
Brevibloc	InnoPran XL	Propranolol	Trandate
Bystolic	Kerlone	Sectral	Zebeta

Please also inform us if you are being treated with glaucoma eye drops, MAO inhibitors or tricyclic antidepressants. We might send you for blood work, i.e. RAST test, if deemed appropriate by our medical staff.

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Name: _____ Date: _____

ALLERGY TESTING EVALUATION - INTAKE HISTORY

1. Are you taking any Beta Blockers or anti-depressants? Yes/No _____
2. Have you had any upper extremity lymph node dissections? Breast cancer? Yes/No _____
3. Please list current medications (include OTC and herbals):
   _____
   _____
4. What medications have you tried for allergies?_____
5. How satisfied are you with your allergy medications (1: not at all- 10: totally satisfied) _____
6. Have you had nasal/ sinus/ear surgeries? Yes/No _____
7. Have you ever had allergy testing or immunotherapy (i.e. shots) Yes/No _____
8. What do you think you might be allergic to? _____
9. Do have any history of fainting or passing out? Yes/No _____
10. What are your allergy symptoms?
    a. Stuffy nose- Yes/No
    b. Runny nose- Yes/No
    c. Sneezing- Yes/No
    d. Itchy Nose- Yes/No
    e. Sore /Itchy Throat- yes/No
    f. Red/Itchy eyes- Yes/No
    g. Throat Clearing- Yes/No
    h. Cough- Yes/No
    i. Headache- Yes/No
    j. Skin rashes- Yes/No
    k. Itchy ears- Yes/No
    l. Frequent Sinus infections/postnasal drip- Yes/No
    m. Laryngitis/Hoarseness- Yes/No
11. What is the impact on you quality of life from 1 (none) to 10 (severe): _____
12. Is there a family history of allergies and in whom? _____
13. Do you smoke or are you exposed to smoke on a regular basis? Yes/No
14. To what kinds of pets are you exposed often? (dogs, cats, birds) _____
15. Do you work or live in a damp environment? Yes/No
16. When are your symptoms worse? Morning/ Evening/All day
17. Where are your symptoms worse? Inside/ Outside
18. Do your rooms have: rugs/ knickknacks/ feather pillows/ plants? _____
19. Have you tried bed/pillow covers or air purifiers? Yes/No _____
20. Are there foods you cannot eat? What and what happens? Yes/No _____