

Allergy Skin Testing for Inhalant Allergies

Allergies are the result of the body's abnormal response to normally harmless substances (allergens). The body can produce symptoms such as runny nose, recurrent ear fluid, nasal congestion, recurrent sinus congestion and infections, headaches, hives, asthma, stomach complaints, itchy eyes, and skin conditions in response to allergens.

You will be tested for specific allergens that are airborne in the area in which you live. The allergens you are tested for are based on your symptoms and your responses to the patient history questionnaire you were given. The allergens tested usually include pollens, dust, molds, and animals. Since some of the pollens are more allergenic than others, the ones that are most allergenic and prevalent in this area are tested. Pollens include trees, grasses, and weeds. Molds are microscopic plants that grow on any organic matter (leaves, wood, food, paper, leather, etc.). Mold spores are very tiny and light-weight, making them readily airborne and widely scattered. Dust mites are the allergic component of house dust. They feed on human dander and are found in abundance in mattresses and pillows. They are a year-round allergen. You will be tested for animal dander based on your exposure to certain animals. They are also a year-round allergen.

Allergy testing and treatment are a way of controlling your allergy problem to help you feel normal again. Allergy treatment is not a cure. Treatment is aimed at improving your symptoms by habituating your immune system and decreasing the need for medications. Testing provides us with the information needed to start therapy at a level specific to your reactivity to certain allergens. Testing is started at a low concentration of allergen and gradually built up to a higher concentration based on your response. Once a positive reaction occurs, that allergen is no longer tested, and your treatment level is established.

I acknowledge that I have read the above information, and agree to allergy testing.

Patient Signature _____ Date _____