

REFERRING DOCTOR TO COMPLETE THIS SECTION BEFORE APPOINTMENT CAN BE ARRANGED.
FORM TO BE PRESENTED AT TIME OF TEST

REFERRING DOCTOR'S INFORMATION

Doctor's name:	Doctor's email:	Current testing times (2016):	Important note:
Doctor's signature:	Doctor's phone no:	Every Tues, Wed, Thurs 10am to 2pm	No antihistamines for 72 hours before your test. Nasal sprays and asthma inhalers may be continued

PATIENT'S INFORMATION

Name	Surname:	DOB: / /	Phone no.:
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	

TEST INDICATION

Allergic rhinitis/conjunctivitis	Asthma	Atopic dermatitis (eczema)	Other (please specify):
Hereditary Angioedema	Drug allergy	Food allergy	

AEROALLERGENS

	Wheal	Flare (Y/N)		Wheal	Flare (Y/N)		Wheal	Flare (Y/N)
Alternaria alternata			Dermatophyoides pteronissinus			Rye grass		
Aspergillus fumigatus			Dog					
Bermuda grass			Epicoecum nigrum					
Blomia tropicalis			Timothy grass					
Cat			Pine pollen					
Cladosporium herbarium			Plane pollen					
Cockroach mix			Positive control					
Dermatophyoides farinae			Negative control					

- Allergy is a clinical diagnosis. All test results must be interpreted in the context of the patient history.
- Skin prick testing is not useful in diagnosing non-IgE mediated conditions such as chronic urticaria, food intolerances (e.g. bloating, diarrhea, fatigue), headaches and behavioral disorders.
- Wheals ≥ 3 mm in mean diameter, above the negative control, are considered positive.
- The larger the wheal, the greater the likelihood that a particular allergen will cause symptoms. There is no clear correlation with symptom severity.

CONSENT FORM

MUST BE COMPLETED IN COLLECTION CENTRE IMMEDIATELY BEFORE COMMENCING TESTING

Notes about Allergy Testing and Patient Consent

Allergy Testing involves exposing you to a very small amount of various allergens. It is highly unlikely that you will have an adverse reaction to these tests. If you do experience any of the following symptoms during or after the tests please inform a staff member.

Excessive itchiness	Generalized rash	Dizziness	Generalized welts	Difficulty breathing, swallowing or talking
---------------------	------------------	-----------	-------------------	---

	Yes	No
Are you pregnant? (blood tests should be done instead)		
Have you taken any antihistamines in the last 72 hours?		
Have you applied any skin creams to the area to be tested in the last 24 hours?		

	Yes	No
Have you ever had a serious allergic reaction, requiring emergency Treatment, ambulance or hospitalization?		
If yes, how long ago? If less than 4 weeks ago testing needs to be postponed.		
Do you have asthma?		
If you have answered yes to one or both questions and have any positive reactions you are required to remain in the clinic for monitoring for 20 minutes after completion of the test.		

Allergens used in testing are the agents most likely to cause your symptoms. In addition, negative and positive control tests are used. The positive control uses a very low dose of histamine, a naturally occurring substance.

If you have any concerns please discuss them with your doctor.

I, _____, have read and understood the Patient Instructions and the above information

Print Name (Patient/Parent/Guardian)

and consent to procedure.

Patient/Parent/Guardian Signature

Date