



Lifecare Primary Medical Associates, PLLC

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Allergy Skin Test Consent Form

Why test for allergies: The Questionnaire you filled out allows the physician to determine how likely it is that inhaled allergens play a role in your symptoms. The allergy scratch test, a quick and painless tool can help your physician identify allergens that cause an array of symptoms including but not limited to: coughing, sneezing, watery/ itchy eyes and skin, nasal drainage, chronic sinus and upper respiratory infections, even asthma. Identifying your specific allergy triggers is critical for serious allergy sufferers since one of the keys to effective treatment is avoidance.

What is an Allergy Scratch Test: Allergy skin testing is a method to test for allergic antibodies. The Allergy Scratch Test takes approximately 20 minutes to perform and includes the application of 90 common allergens native to Houston, Texas and its surrounding areas. The allergens are applied on the back of adults and children. The application device is sterile and has no needles therefore little or no pain is associated with the test. If you have a specific allergic sensitivity to an allergen, a wheal (swelling) and flare (surrounding area of redness) appears on your skin within 15-20 minutes. These positive reactions, which will itch, will gradually disappear over 30-60 minutes, and typically, no treatment is necessary. Occasionally local swelling at the test site will begin 4 to 8 hours after the skin tests. These reactions are not serious and will gradually disappear over the next week or so. Once an allergen(s) have been identified, your physician can recommend you for immunotherapy.

Adverse Reactions: A physician is present during testing since occasional reactions may require therapy. These reactions may consist of any of the following symptoms: itchy eyes, nose or throat; nasal congestion; runny nose; tightness in the throat or chest; increased wheezing; light headedness; faintness; nausea and vomiting; hives; generalized itching; and anaphylactic shock, the latter under extreme circumstances. A severe reaction to testing has never occurred in this office, however, if one would occur, the staff is trained to treat you. A separate follow-up appointment will be scheduled and your physician will make further recommendations regarding your treatment.

I have read and understand the purpose of allergy testing, the testing techniques used and the risks involved as described above. The opportunity has been provided for me to ask questions regarding the potential side effects of allergy testing and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against any reaction to testing.

I give my physician, a member of the physician's staff or healthcare worker employed by Promedic Ancillary Services, LLC working under the supervision of my physician permission to conduct the allergy skin test and to bill my insurance company for the charges associated with the tests.

Patient Signature

Date

Patient Name (Printed)