

ALLERGY PACKET

***PLEASE READ IMMEDIATELY AND BRING COMPLETED
PACKET TO YOUR APPOINTMENT.***

Huntsville Allergy Clinic

927 Franklin Street, Suite 100
Huntsville, AL 35801
256-489-2128

Madison Allergy Clinic

8337 Highway 72 West, Suite 301
Madison, AL 35758
256-319-6505

North Alabama



Associates, P.C.

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HUNTSVILLE • 927 FRANKLIN STREET • SUITE 100 • (256) 489-2128
MADISON • 8337 HIGHWAY 72W • SUITE 301 • (256) 319-6505

AP-6 Revised 3/22/2013

Allergy Patient Medical History Form

Patient Name: _____ ENT Doctor: _____ DOB: _____

Parent (if applicable): _____ Chart # _____

Allergy Symptoms:

Have you ever passed out after being stuck with a needle? _____

Do you have COPD or asthma or a history of either? _____ If so, is it controlled? _____

Do you have any cardiovascular/heart issues? _____ If so, is it controlled? _____

Have you ever had anaphylaxis or a severe allergic reaction? _____

What did you have a reaction to? _____ Did you go to the ER? _____

Do you have Meniere's disease? _____ Do you receive perfusions? _____

Have you received allergy treatment (shots or drops) in the past? _____

If so, how long were you treated? Where (city and state)? _____

During which seasons do your allergies affect you the most? (Circle answers)

Winter Spring Summer Fall

Are your symptoms constant or intermittent? _____

Are you exposed to any mold in the workplace or home? _____

Please list type of pets and if they are indoor or outdoor?

Please list all medications (prescription and OTC). Attach a list if preferred.

List any medications that relieve allergy symptoms. _____

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Please refrain from taking any of these medications 5 days prior to allergy testing!!!

****If you accidentally take any of these medications please contact our office.*

Oral Antihistamines:

Brompheniramine (Dimetapp)
Cetirizine (Zyrtec, Zyrtec -D)
Chlorpheniramine (Actifed, AlleRx, Aerohist,
Chlortrimenton, Rynese, Triaminic)
Clemastine (Alerhist, Antihist, Contac,
Dayhist, Tavist)
Cyproheptadine (Periactin)
Desloratadine (Clarinex, Clarinex D)
Diphenhydramine (Benadryl)
Doxepin (Sinequan)
Doxylamine (Alka Seltzer Plus, Delsym,
Nyquil, Robitussin, Theraflu, Unisom)
Fexofendadine (Allegra, Allegra D)
Guaifenesin (Mucinex, Mucinex D)
Hydroxyzine (Atarax, Vistaril)
Levocetirizine (Xyzal)
Loratadine (Alavert, Claritin, Claritin D)
Meclizine (Antivert)
Promethazine (Phenergan)
Pseudoephedrine (Sudafed)
Tylenol or Advil Cold and Sinus
*All OTC allergy/sinus/cold medications

Ophthalmic & Nasal Antihistamines:

Azelastine (Astelin, Astepro, Dymista Optivar)
Emedastine (Emadine)
Epinastine (Elestat)
Ketotifen (Zaditor)
Olopatadine (Pataday, Patanase)

Herbal Supplements:

Licorice
Green Tea / Herbal Tea
Saw Palmetto
St. John's Wort
Feverfew / Milk Thistle

H-2 Blockers (Please refrain from taking 2 days prior to testing)

Cimetadine (Tagamet)
Famotidine (Pepcid)
Nizatidine (Axid)
Ranitidine (Zantac)

Please Refrain from taking anti-depression medications on the morning of your allergy test.

Please sign below stating you have not taken any of the medications listed for the specified times.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Chart #: _____ Doctor: _____

NALENT Witness: _____

Please sign below stating you have not taken any of the medications listed for the specified times.

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Beta Blockers

**** Please note: Beta blockers make it much more difficult to reverse a systemic reaction to allergy injections. We are unable to provide allergy testing or treatment with immunotherapy (allergy shots) for patients currently on any beta blocker for this reason. If you are on a beta blocker medication, we recommend that you talk with your primary physician or cardiologist about switching to another medication prior to allergy testing or treatment with allergy injections. Your primary doctor or cardiologist is the only one who can safely change this medicine. You should never stop your beta blocker without checking with the physician that prescribed it first. We require that you are off all beta blockers for one full month before testing and are committed to stay off beta blockers during immunotherapy. If you were placed on this medication by a cardiologist, we require written permission stating it is safe for you to be weaned off of your beta blocker prior to testing.

Examples of Beta Blockers:

Acebutolol (Sectral)

Atenolol (Tenormin, Tenoretic)

Betaxolol (Betoptic, Betoptic S, Kerlone, Lokren)

Bisoprolol (Zebeta, Ziac)

Carteolol (Cartrol, Cartrol Filmtab, Ocupress)

Carvedilol (Coreg, Coreg CR)

Esmolol (Brevibloc)

Labetolol (Normodyne, Trandate)

Levobunolol (AK-Beta, Betagan, Betagan C-Cap)

Metipranolol (Betanol, Disorat, OptiPranolol, Trimepranol)

Metoprolol (Lopressor, Lopressor HCT, Toprol, Toprol XL)

Nadolol (Corgard, Corzide)

Nebivolol (Bystolic)

Penbutolol (Levatol)

Pindolol (Visken)

Propranolol (Inderal, Inderal LA, Inderide, Innopran, InnoPran XL)

Sotalol (Betapace, Betapace AF, Sorine, Sotacor, Sotalex)

Timolol (Betimol, Blocadren, Istalol, Timolide, Timoptic, Timoptic-XE, Timoptic OcuDose)

I understand that I cannot receive allergy testing or treatment while on Beta Blockers. I am not currently taking Beta Blockers or have been off Beta Blockers for at least one full month prior to testing and treatment.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Chart #: _____ Doctor: _____

NALENT Witness: _____

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Monoamine Oxidase Inhibitors (MAOIs)

*** Please note: Monoamine Oxidase Inhibitors (MAOIs) may not be taken during allergy testing or treatment. Patients taking MAOIs cannot be given epinephrine because it may cause a severe hypertensive crisis (very high blood pressure). If it is necessary to take these medications, immunotherapy must be discontinued.

Examples of MAOIs:

Iproniazid (Euphoxid, Ipronid, Ipronin, Marsilid, Rivovol)

Isocarboxazid (Enerzer, Marplan)

Linezolid (Zyvox)

Moclobemide (Aurorix, Manerix)

Phenelzine (Nardil, Nardelzine)

Rasagiline (Azilect)

Selegiline (Deprenyl, Eldepryl, Rmsam, Zelapar)

Tranylcypromine (Parnate)

I understand that I cannot receive allergy testing or treatment while on Monoamine Oxidase Inhibitors (MAOIs). I am not currently taking MAOIs or have been off MAOIs for at least 30 days prior to allergy testing and treatment.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Chart #: _____ Doctor: _____

NALENT Witness: _____

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Allergy Immunotherapy Consent Form

The purpose of this form is to ensure that your decision to have this evaluation and treatment is made with the knowledge of the possible risk of this medical care.

Generalized allergic reactions after skin testing are unusual and very rare, but there possible occurrence should be noted.

A local reaction (at the injection site) may appear as redness, itching, or localized swelling.

A moderate reaction may appear as rapid or weak pulse, in rare cases there may be shortness of breath.

These symptoms may require immediate treatment, initiated in this office and in rare cases possibly continued in a hospital setting.

I authorize North Alabama ENT Allergy Clinic and his/her medical staff, to perform allergy testing.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Chart #: _____ Doctor: _____

NALENT Witness: _____

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