

**Delaware Otolaryngology Consultants, LLC**  
ALLERGY DEPARTMENT

**CONSENT TO ALLERGY EVALUATION, TESTING, AND TREATMENT**

1. I authorize the performance of allergy evaluation, testing, and treatment upon

\_\_\_\_\_

To begin on: **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Place:** Delaware Otolaryngology Consultants, LLC

**Under the direction of** Beth Duncan MD

2. I consent to:

(A) The testing procedures and treatment

(B) Such procedures and treatment in addition to or different from those now contemplated whether or not arising from presently unforeseen conditions, which the above named doctor or her associates or assistants may consider necessary or advisable in the course of the testing and treatment procedures.

(C) The administration of such medications as may be considered necessary or advisable by the doctor or associates or assistants responsible for this service.

(D) The admittance of observers to the room for the purpose of advancing medical education.

3. (A) I have been explained the nature of all the testing procedures, possible alternative methods of treatment, the risks involved with this treatment, and the possibility of complications such as: localized swelling, irritation, and itching at the injection site. The patient may also experience an increase in his/her allergy symptoms, generalized (whole body) hives and swelling, difficulty breathing, anaphylactic shock, and possible death. **No guarantee or assurance has been given by anyone as to the results that may be obtained.**

(B) I certify that I have read and fully understand the above consent to allergy testing and treatment thereof, that the explanations therein referred to were made, that all blanks or statements requiring insertion or completion was filled in and that inapplicable paragraphs, if any, were stricken before signed.

**Signature of Patient** \_\_\_\_\_

**Signature of Parent, Spouse, if present** \_\_\_\_\_

4. I am responsible for the payment of this procedure, should my insurance not pay for it

**Signature** \_\_\_\_\_

The foregoing consent was read, discussed, and signed in my presence, and in my opinion the person (s) so signing did so freely with full knowledge and understanding.

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

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**SINO-NASAL OUTCOME TEST (SNOT-20)**

**Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Patient ID** \_\_\_\_\_ **Date** \_\_\_\_\_

Below you will find a list of symptoms and social/emotional consequences of your rhinosinusitis. We would like to know more about these problems and would appreciate you answering the following questions to the best of your ability. There are no right or wrong answers, and only you can provide us with this information. Please rate your problems as they have been over the past two weeks. Thank you for your participation. Do not hesitate to ask for assistance if necessary.

1. Considering how severe the problem is, when you experience it, and how frequently it happens. Please rate each item below on how “bad” it is by circling the number that corresponds with how you feel using the scale:

**0 = No Problem    1= Mild or Slight Problem    2= Very Mild Problem**  
**3= Moderate Problem    4= Severe Problem    5= Problem as bad as can be**

- |                                   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|
| 1. Need to blow nose              | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 2. Sneezing                       | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 3. Runny nose                     | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 4. Cough                          | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 5. Post-nasal discharge           | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 6. Thick nasal discharge          | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 7. Ear fullness                   | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 8. Dizziness                      | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 9. Ear pain                       | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 10. Facial pain/pressure          | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 11. Difficulty falling asleep     | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 12. Wake up at night              | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 13. Lack of a good night’s sleep  | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 14. Wake up tired                 | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 15. Fatigue                       | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 16. Reduced Productivity          | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 17. Reduced concentration         | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 18. Frustrated/Restless/Irritable | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 19. Sad                           | 0 | 1 | 2 | 3 | 4 | 5 | O |
| 20. Embarrassed                   | 0 | 1 | 2 | 3 | 4 | 5 | O |
2. **Please mark the most important items affecting your health by filling in the circles at the end (maximum of 5)**

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**ALLERGY HISTORY QUESTIONNAIRE**

**Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Patient ID** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE CHECK ALL THE APPROPRIATE BLANKS AND ANSWER ALL QUESTIONS.

**Do you have a family history of allergies?** \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

**One side of family or** \_\_\_\_ **both sides**

**Describe your symptoms (most bothersome to least):** \_\_\_\_\_

**Are your symptoms?** \_\_\_\_ **Continuous** \_\_\_\_ **Variable** \_\_\_\_ **Year around** \_\_\_\_ **Seasonal**

**Is there a worse time of day for your symptoms?** \_\_\_\_\_

**If your symptoms are seasonal, which months are the worst?** \_\_\_\_\_

**Is there a place that you're worse, such as home, school or work?** \_\_\_\_ Yes \_\_\_\_ No

**Is yes, where** \_\_\_\_\_ **Describe the environment:** \_\_\_\_\_

**How are your symptoms worse there? Describe:** \_\_\_\_\_

**Type of employment:** \_\_\_\_\_ **Describe School** \_\_\_\_\_

**Describe the buildings you live and work in (new, old, damp, excessively dry, heating & cooling, etc.):** \_\_\_\_\_

**Do you have pets?** \_\_\_\_ Yes \_\_\_\_ No / **If yes, what pets do you have?** \_\_\_\_\_

**What exposures or changes in your environment do you know or suspect make your symptoms worse or for that matter better?** \_\_\_\_\_

**Do you have or have you ever been diagnosed with Asthma?** \_\_\_\_ Yes \_\_\_\_ No

**Do you have any allergies that you know of or suspect to medications or other substances? If yes, please list:** \_\_\_\_\_

**Are you taking any drugs, medications, eye drops, herbs, or vitamins? Please list any and all of these:** \_\_\_\_\_

**Is there a possibility that you are pregnant or are you considering it in the near future?** \_\_\_\_ Yes \_\_\_\_ No

**Have you taken allergy shots before?** \_\_ Yes \_\_ No **If yes, did they help?** \_\_ Yes \_\_ No

**Have you ever had a whole bod, life threatening, allergic reaction?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, please describe the reactions** \_\_\_\_\_

**Do you smoke, have you smoked, or have smoke exposure?** \_\_\_\_ Yes \_\_\_\_ No

**Signature of the patient or Guardian** \_\_\_\_\_

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**EMERGENCY MEDICATION KIT**

Your Emergency Medications will be called into your Pharmacy prior to testing.

- A. Epi Pen - Severe systemic reaction
- B. Medrol Dose Pack – Mild reaction

Bring your Medications to Allergy Testing for instructions.

I fully understand these Medications will be used only in the event of an emergency as described by the allergy nurse or physician.

Patient Name (Print): \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Allergy Department/Immunotherapy  
Policies, Procedures & Financial Responsibility**

In our office, we offer two different options for treatment of your allergies. One treatment option is Allergy Shots, which is usually covered by insurance companies. However, depending on your insurance coverage, you may be subject to a copay, coinsurance or deductible for your shots. Allergy Shots are given in our office weekly by the RN or Medical Assistant.

The second treatment option is with Sublingual Drops, which is not covered by insurance. This therapy consists of drops that are taken orally. These drops consist of allergy extracts, selected based on your allergy testing results, that are mixed in bottles. You would come to our office for an appointment each month to receive a new bottle. You will be taking the first dose of each new bottle in our office, than continuing the drops at home as directed. The monthly cost of Sublingual Drops is \$100.00 (1 Bottle = 1 Month). The beginning phase of the Sublingual Therapy last for four months. Therefore, four bottles must be mixed to begin your therapy. **ALL BOTTLES OF SUBLINGUAL DROPS MUST BE PAID FOR BEFORE THEY CAN BE MIXED.** Prior to starting treatment, you will be billed for the cost of four bottles, which is \$400.00. You may pay monthly, or you may pay upfront for all four bottles for \$360.00 (10% savings). **I understand that if I decide not to initiate or continue treatment after the bottles have been made, I am still responsible for the cost of the bottles made in advance.**

Anytime you come to our office for your Allergy Treatment, please bring your Epi Pen with you. We also follow the guidelines of the American Academy of Allergy, Asthma and Immunology, which states that you shall remain in the office for 20 minutes after receiving your immunotherapy. This is so we may observe for any reactions, and if there is any reaction, we can treat it immediately. **If you cannot wait the 20 minutes, or if you leave the office prior to the 20 minute time frame and are not examined by a medical professional before leaving, you are then leaving against medical advice (AMA).**

Please sign and date below stating that you have read and understand the policies and procedures of the Allergy Department, as well as my financial responsibility for any costs not covered by my insurance.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Patient's / Guarantor's Signature Date

\_\_\_\_\_  
Witness' Signature Date

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**PATIENTS SCHEDULED FOR ALLERGY TESTING MUST STOP TAKING ANY MEDICATION THAT CONTAINS ANTIHISAMINES FOR A PERIOD OF TIME BEFORE TESTING.**

**These Medications should be stopped 5 days before testing:**

- Alavert
- Allegra
- Cetirizine
- Claritin
- Desloratadine
- Doxepin
- Fexofenadine
- Loratadine
- Xyzal
- Zyrtec
- Any topical Steroid/Anti-Inflammatory Cream, Ointment, Gel Solution, or Lotion

**These Medications should be stopped 3 days before testing:**

All over-the-counter cold, sleep and allergy medications, prescribed allergy medications, and certain acid reflux medications should be stopped 3 days prior to testing.

- Amitriptyline
- Antivert
- Astelin
- Astepro
- Atarax
- Benadryl
- Cyproheptadine
- Diphenhydramine

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- Extendryl
- Hydroxyzine
- Lodrane
- Meclizine
- Nalex
- Patanase
- Pepcid
- Periactin
- Phenergan
- Promethazine
- Q-Dall
- Remeron
- Rynatan
- Tagament
- Vistatril
- Zantac

**Do Not Stop**

Do not stop any inhaled asthma medications or routine medications that treat blood pressure, heart problems, diabetes, etc. without Doctors discretion.

Failure to stop these medications in the time frames will interfere with accurate results of your test and may necessitate rescheduling your test! If unsure about any medication, check with a pharmacist or call our office.

**Day of testing:**

**Do not smoke or drink caffeinated beverages.**

Be sure to eat breakfast and drink fluids the day of your testing.

**No medications need to be stopped before having Allergy Blood Testing done.**

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**Welcome to our Allergy Department!** We would like to let you know what to expect during the course of your treatment.

Our office has two different treatment options, Injections and Sublingual Immunotherapy!

Allergy Injections (shots) are given weekly during the build-up phase. Allergy injections are usually given for 3 to 5 years depending on each patient's individual response. Follow up visits with your ordering physician are required on a regular basis every 3 months in order to continue with immunotherapy. Your physician will determine the frequency of your injections once you've reached a maintenance level. Depending on your response and symptom relief, you may need to be retested during this period.

Your allergy shots are from a "custom-made-for-you" extract of the specific allergens you have tested positive to. Each vial of these extracts is usable for 3 months. Beginning each vial requires a test wheal to measure the safety of that vial, making sure it is not too strong for your current treatment level.

After receiving your allergy injections, it is **MANDTORY** that you remain in the office for a period of 20 minutes **and** have to be examined by a medical professional before leaving.

During the course of your allergy treatment, it is possible for a reaction to occur. It is **common** for your arm(s) to get red and itchy. If you have a local reaction such as swelling at the injection site, or if a mild systemic reactions occurs such as increased allergy symptoms (i.e., sneezing, congestion, etc.) let us know before your next injection. Please note the size of swelling (measure the size as a dime, nickel, quarter, etc.), and how long the swelling or systemic reaction lasted. This will help us decide what your next dose should be. You can apply ice packs, topical antihistamines, and/or take oral antihistamines or your regular medications for allergy treatment to help with the discomfort.

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Sublingual Immunotherapy (Allergy Drops) SLIT is a treatment in which small amounts of allergy extracts are delivered sublingually (under the tongue) to alter a patient's immunity. Some doctors call this an "Allergy Vaccine" and the goal is to develop tolerance to the allergens that cause your symptoms.

At this time, most insurance companies cover allergy testing and office visits, but not the cost of drops. Allergy drops are administered at home at the patient's convenience and as a result insurers do not cover them. Because of the policies of the local and national insurance carriers, we will not submit claims for the drops to your insurance company.

Dozens of research studies show that allergy drops are a safe and effective form of immunotherapy. Allergy drop treatment takes about 3-4 years for most patients to complete, however, some patients may respond differently based on the severity of their allergies.

If you miss a doses (more than one day), do not try to play "catch up" by taking more than the one/two prescribed drops. If 2-14 days are missed, you may resume taking your drops daily as prescribed. If more than 14 days are missed, you should contact us to discuss restarting. There are typically few problems with resuming your drops after any period of time if you has been taking them successfully, but it is recommended that you check with us before resuming treatment.

**Local Reactions** – Local reactions from SLIT are uncommon and are usually restricted to a mouth itching or upset stomach. These reactions are more likely to occur at the very beginning of treatment or as you reach the higher concentrate of antigens in your drops. Reactions usually occur immediately after taking a dose, but can occur hours after. Most of the time these reactions resolve themselves or with a simple dose adjustments. Antihistamines can be used as normally directed. You should notify your provider if you have these reactions for rover an hour.

**Generalized Reactions.** If you have a more severe systemic reactions to your injections or drops such as swelling in the throat, wheezing, a sensation of tightness in your chest, nausea, dizziness, itching all over, faint feeling, and/or irregular heartbeat, let us know immediately! If you have left our office, you may need to use your emergency epinephrine injection. You should **always** keep this with you on the day of your injection(s). It is rare that you might need to use it, but the chance is always there. If you have these symptoms whether or not you use your emergency epinephrine, call 911 and go to the nearest emergency room! Time is critical here!!! Do not leave the emergency epinephrine in your car. The extreme heat or cold will damage it.

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Serious reactions are rare but we do want you to be fully informed of the possibilities and also why we require you to stay for 20 minutes after treatment. Most reactions occur within 15 minutes – we are prepared, you are not. The following are indications of a serious reaction:

- Itching on the palm of the hands
- Swelling of the face, hands, and/or throat
- Difficulty with breathing
- Numbness of lips
- Generalized hives
- Tightness in chest
- Wheezing
- Nausea
- Dizziness
- Feeling of great anxiety
- 

**If you ever experience the above symptoms outside our office:**

- 1. Use your Epi-Pen immediately**
- 2. Call 911 and/or go to the nearest Emergency Room**
- 3. Alert our office of occurrence**

Can you continue to use your prescribed anti-histamines?

Yes you can, but our overall goal is for discontinued use. Your allergy injection(s) should replace the need for anti-histamines. During your first pollen season, until we have you into the program for some length of time, the need for an anti-histamine with your allergy injection(s) may be necessary. Usually into the second season, you should be able to reduce the need for anti-histamines and inhaled steroids.

Again be aware of why you may be continuing the dependence of anti-histamines. Have you reduced your exposures? Are you watching your concomitant foods? How is your stress level? All these can factor into your well-being.

Always communicate with our allergy technicians throughout your treatment with us.

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**“Tis the Season to Feel Sneezzy”**

When you have allergies, you may notice you develop a “twitchy” nose – a nose bothered by things in the environment other than environmental allergens. These non-allergic factors, or triggers, can aggravate allergy symptoms. Common triggers include smoke, pollutants, strong odors, chemicals, some foods, and certain weather conditions.

In the winter and during the holidays, you may be exposed to some irritants you might not normally have contact with, including the following:

- **Wood Smoke.** Many people use their fireplaces during the fall and winter months, but smoke from a wood-burning fireplace may bother a person with allergies.
- **Christmas trees.** Christmas trees can cause allergic symptoms for several reasons, a person who is allergic to pollen or mold will come into close contact with these allergens when a fresh cut tree is brought home. /studies have shown that Christmas trees release a chemical, terpene that can cause allergy-like symptoms in some people. Switching to an artificial tree may help, but beware of dust from a tree that’s been stored since last Christmas.
- **Evergreens.** Using evergreens to decorate a house may look festive, but they may also be good hiding places for mold. Artificial alternatives may help you avoid contact with allergies.
- **Scented candles and potpourri.** Certain perfumes and odors irritate many people’s allergies.
- **Wreaths, dried flower arrangements, wicker baskets.** These, like other knickknacks and decorations, can be havens for dust and mold.
- **Holiday decorations.** Ornaments, lights, and other holiday decorations can trigger allergy symptoms when they’re brought out – with mold and dust – from storage. Stuffed decorations can be particularly troublesome. When you bring decorations out from storage, be sure to clean them thoroughly. Also, make sure all your holiday decorations are clean, dry and well-sealed before you put them away for next year.

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### Five Surprising Allergy Triggers That Can Spoil Summer Fun

- **Summer fruits and veggies** – An otherwise healthy snack can mean an oral allergy syndrome for people whose lips begin to tingle after sinking their teeth into a juicy peach – or melon, apple, celery and other fresh fruits and vegetables. People with common grass allergies can suffer from this condition, which is a cross-reaction between similar proteins in certain fruits and vegetables and the allergy-causing grass, trees or weed pollens. **The simple solution is to avoid your CROSS-REACTIVE FOODS!**
- **Change in weather** – Be it stifling humidity or a refreshing cool breeze, sudden changes in the weather can trigger allergies. Wind can spread pollen and stir up mold, affecting those who suffer from grass or tree pollen and mold allergies.
- **Campfire smoke** – Toasting marshmallows or sitting out at a bonfire is a lot less fun if it affects your allergies. Smoke is a common trigger. Sit upwind of the smoke and avoid getting too close to help prevent allergy triggers.
- **Stinging insects** – As if the pain isn't bad enough, it is possible to develop a life-threatening allergic reaction to the sting of yellow jackets, honey bees, wasps, hornets and fire ants. Cover up when gardening or working outdoors, avoid brightly colored clothing, forget the perfume and take caution when eating or drinking anything sweet, all of which attract stinging insects.
- **Chlorine** – Although not an allergen, the smell of chlorine from pools or hot tubs can be an irritant and cause a flair-up of allergy-like eye and nose symptoms.

### Remember...

Indoor nasal allergy symptoms can persist year-round and are caused by indoor allergens like mold, dust mites, cockroaches, and animal dander. These allergens can be present in pillows and bedding, draperies, upholstery, thick carpeting, on our clothing, on your pets and in moist areas of your home like bathrooms and basements. You will also encounter the allergens in hotels.

Outdoor nasal allergy symptoms are very common and are usually caused by allergens that appear at specific times of the year, with some variation due to weather. In the spring, tree pollens are a common trigger. From late spring to summer, grasses enter the scene. Weed pollens including ragweed start becoming a problem for some people in the summer and peak in the fall. Finally, throughout the year in many states, but especially after a spring thaw, outdoor mold spores are a

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trigger. Outdoor molds are very common, found in soil, some mulches, fallen leaves and rotting wood.

**Tidbits:**

- A single ragweed plant can produce up to four billion pollen grains!
- Ragweed has been found 500 miles at sea and 2,500ft in the air.
- Dust mites cannot live in higher altitudes.
- Dust mites thrive in humid weather conditions.
- Weed pollen blows 30-40 miles in high wind.
- Movie theaters are very dusty and full of dust mites.

**Don't Let Allergies Spoil Your Summer**

Summertime means outdoor fun at weddings, festivals and picnics. But uninvited guests ranging from stinging insects to grass pollen can ruin the fun for the millions of Americans with allergies.

Allergies can lead to sneezing, runny nose and itchy misery – and sometimes more serious reactions – turning a joyous occasion into agony.

By planning ahead, people with allergies can still enjoy outdoor events. Here are a few simple tips to make summer more enjoyable:

- **Treat before you go.** Take allergy medication before walking out the door. If you wait until symptoms kick in, the medication won't be as nearly as effective.
  - **Go undercover.** Big, wrap-around sunglasses helps keep pollen from getting into your eyes.
  - **Avoid bees.** If you're allergic to bees or other stinging insects, avoidance is your best bet. Keep your distance from uncovered food, be cautious of open soft drink cans and resist wearing bright clothing or perfume, all of which attract bees. If someone near you get stung, move away – some bees give off a chemical after they sting that can attract other stinging insects.
  - **Be cautious at the food table.** Avoid food in which nuts, dairy and other common allergens can be lurking, such as mixed salads, barbeque sauces and salad dressing. If grilling is involved, have your portion cooked on aluminum foil to avoid cross-contamination with other foods.
- WATCH YOUR CROSS REACTIVE FOODS!!**
- **Stick to the middle.** Poison ivy can lurk in bushes and other foliage, so stay in open areas where you're less likely to brush up against it.
  - **Pay attention to Ozone alerts.** High temperatures mixed with pollen can pose a problem for people, especially with asthma.

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**What Four Factors Influence the Severity of Allergy Season?**

- **Length of the growing season.** Longer growing seasons might be a good thing for farmers and gardeners, but it can mean increased misery for allergy sufferers, as it increases the time pollen and mold are present.
- **Erratic weather.** A warmer than usual winter season makes tree pollenate earlier. If spring weather fluctuates greatly between warm and cold spells, it can result in more intense periods of pollen release during the warm spells, when plants take the cue to grow and release pollen.
- **Rainfall.** Rain can either be a good thing or a bad thing for allergy sufferers, depending on when it happens. The worst allergy seasons are often preceded by a wet spring, which promotes rapid plant growth later on. But rain can also provide a much-needed respite for those with allergies, as a heavy rainfall can help clear the air of pollen.
- **Wind.** Dry and windy weather is not kind to people with allergies, as the wind spreads pollen and mold.