

Consent for Allergy Testing

Patient Name _____ Date _____

I understand that allergy skin testing and treatment, while extremely safe, does carry with it some inherent risk of adverse effects. Allergy testing consists of multiple injections beneath the skin of the upper arms similar to mosquito bites, which become red and swollen when positive. The diameter is then measured by the nurse. In rare instances adverse reactions (side effects) can include, but are not limited to swelling, skin rashes, or difficulty breathing. Our office is equipped to handle these problems should they arise.

I authorize the staff at Advanced Integrative Healthcare to perform allergy testing on the above named patient and I understand the risks involved.

I have read and understand the brochure on Serial Endpoint Titration (SET) testing regarding allergy testing, treatment, and cost. My concerns and questions about this have been answered as fully as possible.

I have read and understand the brochure on Multiple Dilution Intracutaneous testing regarding allergy testing, treatment, and cost. My concerns and questions about this have been answered as fully as possible.

Patient or parent/guardian

Date

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