

Consent for Allergy Testing

I understand that I may have adverse side effects due to allergy testing including but not limited to the following: local reactions at the injection sites with redness; swelling and discomfort; worsening of allergy symptoms with runny nose; nasal congestion; itching; difficulty breathing; worsening of asthma symptoms; and anaphylactic shock (i.e. a severe drop in blood pressure, with swelling of various structures, including possible swelling of the airway).

I have informed the provider of all medications I am currently taking. If I neglect to inform them of any medications, I understand that there may be side effects when performing the allergy testing.

I give my consent for allergy testing and immunotherapy with full knowledge of the above information.

Printed Name

Date

Signature