

DMG Patch Test Information and Instructions

Before your appointment

- ▶ You will be asked to fill out a questionnaire regarding your medical history. This questionnaire helps Dr. Goldenberg determine which chemicals you will need to be tested for. Please complete it and bring it to your Consultation Appointment.
- ▶ After the Consultation Appointment, you will be scheduled for the procedure. The procedure lasts one week and consists of 3 visits- Mon/Wed/Fri for adults; and Tue/Wed/Fri for children under 12yo.
- ▶ The patch test consists of stickers placed on your back or upper arms and fixed with special hypoallergenic paper tape.
- ▶ Prior to the patch test, it is very important that you have NOT received a cortisone injection within one month, or oral prednisone within two weeks (Unless under certain circumstances and specifically discussed with Dr. Goldenberg previously.)
- ▶ Do NOT apply any type of creams, ointments, or lotions (especially those containing cortisone) to your back and your upper arms for seven days before the patch test appointment. If you have questions about this, call 760.758.5340. You may continue the use of cortisone-containing creams, ointments, and lotions to the rash on other parts of your body.
- ▶ Excessive exposure of ultraviolet light from the sun or tanning booths on the skin of the back and the upper arms should be avoided for two weeks prior to the patch testing.

Day 1- Monday (Tuesday for children <12yo)

▶ On Monday morning, before coming for your first patch test appointment, you may shower or bathe, apply underarm deodorant and make-up. Do not apply any cream, lotion, powder, cologne, etc, to your back or upper arms FOR THE ENTIRE WEEK. You may apply topical medications and moisturizers to other parts of your body. It may be necessary for the nurse to shave away body hair in areas of patch test placement. It will be easier for you if you wear a blouse or shirt that buttons down the front. Your appointment will take approximately 30 minutes. **After your patch tests have been applied you may not get your back wet (that means no full shower Tue-Wed-Thu, and no excessive physical activity that would cause you to sweat.)** You also should limit the extension of your arms, to avoid tension on the tape.

- Keep patch sites dry
- Ok to take sponge baths/hand-held showers
- Avoid exercise or sweat-provoking activities
- Minimize twisting, turning, bending
- Wear loose clothing to avoid catching tape

Itching

- If possible avoid taking antihistamines (Benadryl-diphenhydramine), Atarax (hydroxyzine), Claritin (loratidine), Clarinex (desloratidine), Allegra (fexofenadine), Zyrtec (cetirizine), Xyzal (levocetirizine). **If your itching is severe, or you take antihistamines daily as prescribed by a physician, OK to continue.**

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- Do not take oral prednisone, oral cortisones, or oral steroids without discussing with Dr. Goldenberg
- If severe itching occurs under a patch, you may carefully cut out only that one test site without disturbing adjacent test sites.
- During testing, you may continue to treat your original rash with your usual creams, lotions, or ointments (unless there is a suspicion of allergy to these products).

Day 2 Wednesday

▶ On your second patch test visit, your patch tests will be removed. The nurse will mark your back with a purple surgical marking pen and a yellow fluorescent marker. To avoid the possibility of permanently staining your clothing, wear a darker colored top, if you can. After this visit, do not apply any type of medicine or cream to your back. Do not scratch your back. Continue to keep the patch-tested area dry—sponge baths OK.

▶ During the week of patch testing, you may experience some itching or burning from the patch test sites. Sometimes this discomfort is from the tape, but sometimes it could be from an allergic reaction from one of the allergens.

Day 3 Friday

▶ On the final patch test reading day, you will see Dr. Goldenberg. The final reading is very important. You will receive educational materials about your positive patch test results. This appointment can take between 15 and 30 minutes.

▶ After this final appointment, you may resume your normal hygiene and activities.

▶ Should you develop a delayed or new red spot on your test site the week after patch testing, please call us at 760.758.5340 to give us the additional information.

APPOINTMENTS:

Date _____

Date _____

Date _____

DMG PATCH TEST REFERRAL QUESTIONNAIRE

Instructions:

- Please mark an “X” in only one box unless otherwise stated in the question.
- Specific instructions are in *italics* within each question.
- Please bring the completed questionnaire with you to your Consultation Appointment visit.

1. Gender:

male female

2. Ethnicity:

hispanic african american caucasian asian pacific islander

other _____

3. Age: _____

4. Please list all medications taken over the past year (*attach separate sheet if required*)
(include all prescription, over-the-counter products, vitamins, and herbal supplements)

Current ORAL Medications		Past ORAL Medications		
Medication	Start date	Medication	Start date	Stop date

5. Do you have allergies to any medications?

no 1

yes 2 What? _____

6. Date the rash started: _____ Where on the skin is the rash: _____

Description of rash: _____

7. What do you think is/was the cause of your skin rash? (describe onset)

8. What is your occupation? _____ Since when? _____ (year)

What is your major activity at work? _____

DMG PATCH TEST REFERRAL QUESTIONNAIRE

9. Do you have hobbies or past time activities?

no

yes What kind of activities? _____

10. Have you ever had “hay fever” or other symptoms of nasal or seasonal allergies? (*bouts of sneezing, itchy or runny nose from pollens or animals, etc.*)

no

yes

don't know

11. Have you ever been told you have “eczema” or “atopic dermatitis” ?

no

yes

don't know

If yes, please describe age, location, duration and treatments:

12. Have you ever had asthma?

no

yes. If yes, was it diagnosed by a doctor? no yes When? _____ (year)

don't know

13. Does anyone in your family have any of the following conditions?

Asthma yes no

Hay fever/ seasonal allergies yes no

Eczema/atopic dermatitis yes no

14. Was the allergy/ were the allergies diagnosed with.... (*mark any that are applicable*) Yes No

patch-test (*test are normally taped onto the upper back and removed after 1-2 days*)

skin-prick-tests (*tests drops are normally placed on the forearm and pricked through with lancets or needles. The results are read after 15-30 minutes.*)

blood tests (*e.g., RAST tests*)

other, what? _____

don't know

15. Have you noticed that contact with certain materials, chemicals or anything else makes your rash worse? (*one answer in each column if applicable*)

no

yes What? _____

DMG PATCH TEST REFERRAL QUESTIONNAIRE

16. How many times do you wash your hands during a usual working day? *(include hand washing during your work and at home/outside work)*

- | | | | |
|---------------------|--------------------------|----------------------------|--------------------------|
| 0-5 times per day | <input type="checkbox"/> | 6-10 times per day | <input type="checkbox"/> |
| 11-20 times per day | <input type="checkbox"/> | more than 20 times per day | <input type="checkbox"/> |

17. Does your rash improve when you are away from your normal work (for example, weekends or longer periods)?

- no yes, sometimes yes, usually don't know

18. What type of gloves do you (or did you) use in your work/hobbies? *(mark any that are applicable in each column)*

	At present	Only previously
natural rubber/latex	<input type="checkbox"/>	<input type="checkbox"/>
synthetic rubber (e.g. nitrile, neoprene, etc)	<input type="checkbox"/>	<input type="checkbox"/>
plastic (e.g. vinyl, PVC, polyethene)	<input type="checkbox"/>	<input type="checkbox"/>
cotton gloves underneath rubber or plastic gloves	<input type="checkbox"/>	<input type="checkbox"/>
leather	<input type="checkbox"/>	<input type="checkbox"/>
cloth	<input type="checkbox"/>	<input type="checkbox"/>
other, what? _____		
don't know	<input type="checkbox"/>	<input type="checkbox"/>

19. Review of systems *(please mark all that apply)*

CONSTITUTIONAL SYMPTOMS

- none
- unintentional weight loss
- fever
- special diet
- other: _____

RESPIRATORY

- normal
- asthma
- other: _____

CARDIOVASCULAR

- normal
- angina

- hypertension
- heart attack
- artificial heart valve
- other: _____

NEUROLOGICAL

- normal
- strokes
- seizures
- other: _____

SKIN

- rash
- keloids

- poor healing
- hives
- other: _____

PSYCHIATRIC

- normal
- depression
- anxiety attacks
- other: _____

HEMATOLOGIC/LYMPHATIC

- normal
- anemia (low blood count)
- other: _____

DMG PATCH TEST REFERRAL QUESTIONNAIRE

GASTROINTESTINAL

- normal
- stomach ulcer
- other: _____

ENDOCRINE

- normal
- diabetes
- thyroid problems

**EYES / EARS /
NOSE / THROAT**

- normal
- glaucoma

- hearing aid
- cosmetic surgery

MUSCULOSKELETAL

- normal
- arthritis (joint pain)

**artificial
joint/hardware**

*If yes-- please explain where,
what kind of metal, year of
placement*

Is your physical activity limited?

- yes no

(please describe)

INFECTIONS

- none
- hepatitis
- HIV/AIDS
- tuberculosis (TB)
- other: _____

20. Please list all **TOPICAL PRESCRIPTION** medications used over the past year
(include all prescription, over-the-counter products, vitamins, and herbal supplements)

Current TOPICAL PRESCRIPTIONS	Past TOPICAL PRESCRIPTIONS

(attach separate sheet if required)

DMG PATCH TEST REFERRAL QUESTIONNAIRE

21. Please list all your personal care and cosmetic products
(*be as specific as possible, please feel welcome to attach additional sheets or photos if necessary*)

Soap	
Body lotion	
Hand lotion	
Face lotion	
Facial makeup	
Base	
Blush	
Eye products	
Eyelash curler	
Lipstick	
Deodorant	
Cologne, perfume	
Shaving cream	
Hair dye, bleach, etc.	
Laundry detergent	
Fabric Softener	
Dryer Sheets	
Nail cosmetics, wraps	
Toothpaste	
Contact lenses	
Shampoo	
Other	

DMG PATCH TEST ADULT AND PEDIATRIC CONSENT FORM

Adult and Pediatric Comprehensive Patch Testing: Adult and Pediatric Comprehensive patch testing is accepted generally as safe as it is a minimally invasive and reliable diagnostic test for certain chemical allergies. Patch testing tests for skin allergies that may be caused by chemicals found in lotions, creams, medications, hair dyes, cosmetics, perfumes, clothing, shoes, gloves, jewelry and other chemicals found in the environment.

How the Test is Done: The chemicals to be tested will be applied to the skin of the patient and the area will be covered with a special type of tape. The patient will not receive any shots, injections or needles. A different type of allergy testing done by allergists uses needles and injections.

Purpose: To determine if you have allergies to substances that come into contact with your skin.

Limitations: Patch tests cannot detect all causes of skin contact reactions. This testing is not for allergies to dust, mold, animals, foods, or pollens. Negative testing is only indicative of the current state of allergy. Positive patch test does not consistently predict in vivo metal-induced complications from metallic device implantation.

Possible risks of patch tests:

Very common

- itching or swelling at a positive test site (this is normal and expected)
- itching or irritation from tape holding the tests in place
- temporary (days to weeks) skin color change at a test site

Occasional

- flare-up of your original rash
- spread of the patch test reaction beyond the test site
- persistent swelling at strongly positive test site
- long-lasting or, very rarely, permanent skin color change at a positive test site
- pain or sores at a very strongly positive test site

Rare

- Development of a new allergy to a test substance
- Infection at a test site
- Scar or keloid at the test site
- Sudden allergic reaction with hives, and very rarely anaphylaxis and difficulty breathing soon after application of tests

Unknown risk

- While there is no known risk to a fetus, we test pregnant women only in unusual circumstances

DMG PATCH TEST ADULT AND PEDIATRIC CONSENT FORM

I agree to remain under indirect observation within the waiting room for at least 30 minutes after patch test placement. Should I leave before that period lapses, I expressly release Dermatologist Medical Group, Inc. from any liability resulting from any adverse reaction to the patch tests which may occur during that period and thereafter. I understand that if I experience any side effects, it will be my responsibility to follow up with my physician at my expense. I understand side effects may include, but are not limited to those stated above.

I understand that during the procedure, unforeseen conditions may require additional or different procedures that are not described in this form.

When applicable, there is no likelihood that I am now pregnant.

I have read and understand all the statements in this form. All my questions have been answered by the doctor. I accept the risks, benefits, and potential complications of this procedure and hereby give my informed consent for patch testing.

Patient/ Legal Guardian if <18 yo Name

Patient/Legal Guardian Signature

Date

Alina Goldenberg MD

Provider Name

Provider Signature

Date