

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 intramuscular cortisone injection within one month, or oral prednisone within two weeks (Joint cortisone injections are OK)
- ▶ 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. 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, this includes medical light therapy.
- ▶ All your questions can be discussed during the Consultation visit

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. **If you have long hair, please bring a hair tie.** 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

- **It is OK** to take antihistamines (Benadryl-diphenhydramine), Atarax (hydroxyzine), Claritin (loratidine), Clarinex (desloratidine), Allegra (fexofenadine), Zyrtec (cetirizine), Xyzal (levocetirizine).
- It is OK to use your prescription creams/lotions/ointments everywhere, except where the patches are placed

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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.

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.

Insurance/Billing

Most medical insurances cover the majority or close to the full cost of a patch test. You may check with your insurance in advance to ensure you are aware of any possible out-of-pocket expenses. Below, please find the anticipated procedure CPT and visit E/M billing codes which may be used.

CPT Patch Test Code: 95044 x number of allergens to be tested (TBD based on your consultation)
Visit Codes: 99204/99214/99213

If you have to cancel your appointment, please let us know **as soon as possible** as we prepare the allergens for each patient by hand prior to their appointment. You may be charged \$100 for missed appointments.

APPOINTMENTS:

Date _____

Date _____

Date _____

DMG PATCH TEST REFERRAL QUESTIONNAIRE

Instructions:

Please bring the completed packet with you to your Consultation Appointment.

1. Name _____

2. Referred by _____

3. Gender: male female other specify:

4. Ethnicity: hispanic african american caucasian asian pacific islander other

5. Age: _____

6. How long have you had the rash: _____
Where on the skin is the rash: _____
Description of rash: _____

7. What do you think is/was the <u>cause</u> of your skin rash?

8. How has your rash affected your quality of life?

9. What has your rash been treated with?

CURRENT Treatments	PAST Treatments

10. Medication allergies?

DMG PATCH TEST REFERRAL QUESTIONNAIRE

11. What is your occupation? _____ Since when? _____ (year)
What is your major activity at work? _____

12. 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

13. Do you have hobbies? (woodworking/metal-working/jewelry making/art/gluing/crafting etc)

no

yes What kind of activities? _____

14. 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

15. 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:

16. Have you ever had asthma?

no

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

don't know

17. Does anyone in your immediate family (parents/siblings/children) family have any of the following conditions?

Asthma yes no

Hay fever/ seasonal allergies yes no

Eczema/atopic dermatitis yes no

18. Have YOU ever had any of these allergy tests?... (mark any that are applicable)

patch-test (*test are normally taped onto the upper back and removed after 1-2 days*) Yes No

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 _____

Any positive results for any of the tests?

DMG PATCH TEST REFERRAL QUESTIONNAIRE

19. 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? _____

20. How many times do you wash your hands during a usual 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"/> |

21. Do you use any gloves?

- | | 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? _____ | | |

22. 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: _____

GASTROINTESTINAL

- normal
 stomach ulcer
 other: _____

ENDOCRINE

- normal
 diabetes
 thyroid problems

EYES / EARS / NOSE / THROAT

DMG PATCH TEST REFERRAL QUESTIONNAIRE

- normal
- glaucoma
- hearing aid
- cosmetic surgery

artificial joint/hardware

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

(please describe)

MUSCULOSKELETAL

- normal
- arthritis (joint pain)

Is your physical activity limited?

- yes no

INFECTIONS

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

23. 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

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

DMG PATCH TEST ADULT AND PEDIATRIC CONSENT FORM

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.

Pregnancy

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

Photograph Consent

(Note: This form is NOT required for photographs being made for the purpose of identification, diagnosis or treatment of a patient.)

I hereby give permission for Dermatologist Medical Group of North County, Inc to have photographs taken.

I authorize the use of the photographs for the following purpose(s):

- * Education and training of healthcare professionals, administrators, and students
- * Patient and/or family education
- * For external or internal publications or presentations

If used, the photographs will be de-identified ie. cover of eyes/face when applicable, and made anonymous.

I understand that I have the right to request that the photography session end at any time during the session. I understand that I have the right to withdraw my consent at any time, until a reasonable time before the photograph is used. I understand that my medical care is not dependent upon my agreement to have these photographs taken. If photos or other images are disclosed outside Dermatologist Medical Group of North County, Inc., they may no longer be protected by federal privacy laws. Photographs include any electronic or audio recording media. I understand that photographs also may be made for diagnosis, treatment and identification purposes as part of my care plan without a signed consent form.

DMG PATCH TEST ADULT AND PEDIATRIC CONSENT FORM

I have read and understood 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.

Name

Name of parent/legal guardian if <18yo

Signature

Signature of parent/legal guardian if <18yo

Date

Alina Goldenberg MD_____
Provider Name

Provider Signature

Date