



GARY A. INCAUDO, M.D.
NICOLE HICKS, PA-C

145 Mission Ranch Blvd., Suite 110
Chico, California 95926

T 530.896.2200

F 530.896.2209

SKIN TEST INFORMATION & DELAYED REACTION RECORD

You have just been skin tested by the intradermal technique. **The most common response to a skin test is mild to moderate swelling and itching that subsides within one (1) to three (3) hours after test application.** These reactions are not intense for most patients. A small number of patients experience skin reactions at the test site that intensify over time following the test application. Reactions should fade within 24 hours but can continue for up to several days in rare instances. Swelling from an intradermal skin test can become uncomfortable for a rare group of patients. **If your swelling becomes uncomfortable, please call our office immediately.**

If your symptoms become disturbing, you may apply ice to the area of swelling and take an antihistamine such as Chlor-Trimeton, Claritin, Benadryl, Alavert. A major side effect of most antihistamines is drowsiness. They should be taken only as directed and used with caution. If your reaction is still bothersome 24 hours or more after test application, a topical cortisone cream may be helpful.

A negative skin test reaction in our office can become positive from two (2) to 48 hours after the test application. A delayed reaction consists of a localized area of redness and swelling approximately the size of a nickel or quarter, which may be moderately itchy.

All reactions to your skin test should be recorded on the Skin Test Delayed Reaction Record on the reverse side of this sheet during each of the three designated time periods. If are unsure of your reaction or which injection number is reacting, it is helpful to circle the positive reactions on your body and come to the office so that a determination can be made by our medical staff. No appointment is necessary.

Return your completed form to our office by fax, mail or personal delivery within one week of your skin test.

Please contact our office at 896-2200 if you have any questions regarding your intradermal skin test.

Skin Test Delayed Reaction Record

Patient Name _____

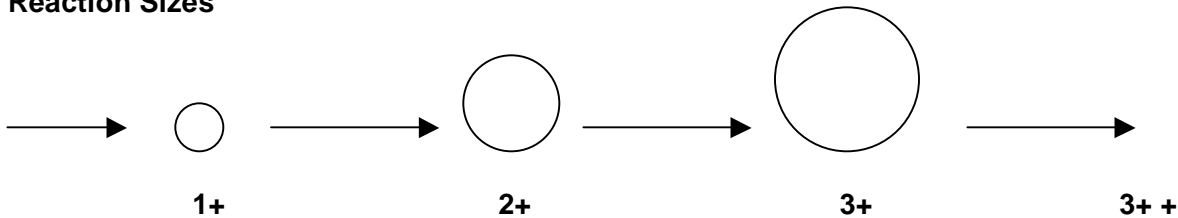
Account No. _____

Prescribing Doctor _____

Test Date _____

Please record any reaction to your skin test at each of the three points in time indicated below. Use the diagram below to determine the approximate reaction size and record for each injection number.

Reaction Sizes



P.M. Test Day	
Injection No.	Reaction
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
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22	
23	
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25	
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28	
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31	
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A.M. Day After Test	
Injection No.	Reaction
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
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23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	

A.M. Two Days After Test	
Injection No.	Reaction
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
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14	
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16	
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35	

Please fax, mail or drop your completed form at our office within one week of your skin test