

Allergy Skin Test

Patient Information	
Full Name	
Date of Birth	
Gender	
Contact Number	
Address	
Medical History & Questions	
Known Allergies	
Current Medications	
Previous Allergic Reactions	
Family History of Allergies	
Have you had an allergy skin test before?	☐ Yes ☐ No
If yes, when?	
Any recent illness or medication changes?	☐ Yes ☐ No
Any skin conditions (eczema, psoriasis)?	☐ Yes ☐ No
Tests Conducted	
Method Used	☐ Prick Test ☐ Patch Test ☐ Intradermal Test

Test 1 (Allergen)	
Test 2 (Allergen)	
Test 3 (Allergen)	
Findings	
Basis for Findings	
Test 1 Reaction	☐ Positive ☐ Negative
Test 2 Reaction	☐ Positive ☐ Negative
Test 3 Reaction	☐ Positive ☐ Negative
Interpretation	
Test 1 Interpretation	
Test 2 Interpretation	
Test 3 Interpretation	
Overall Interpretation	
Doctor's Signature	