



WEST TEXAS HEALTH

PRIVIA
MEDICAL GROUP

Multi-Test 'Prick' Recording Form

Patient Name:		DOB:		Date:		Tested By:			
IMS#		BP:		HR:		Temp:		PFT:	
Site	Antigen	Wheal (mm)	Flare (mm)	Grade	Comments				
1	Histamine								
2	Bermuda Grass								
3	Johnson Grass								
4	Timothy								
5	Rye Grass								
6	Cockroaches (American)								
7	D. Farinae								
8	D. Pteronyssinus								
9	Mulberry Red								
10	NSS (Saline)								
Battery B									
1	Ash (Mix)								
2	Box Elder(Maple/box elder)								
3	Mountain Cedar								
4	Cottonwood								
5	Russian Thistle								
6	Mesquite								
7	Oak, Est. (Mix)								
8	Sycamore								
9	Pecan								
10	Birch, River								
Battery C									
1	Cat								
2	Dog								
3	English Plantin								
4	Kochia								
5	Lamb's Quarters								
6	Pigweed								
7	Mix Ragweed								
8	Mugwort								
9	Marsh Elder								
10	Hackberry								
Battery D									
1	Horse								
2	Cattle								
3	Alternaria								
4	Aspergillus								
5	Epicoccum								
6	Fusarium								
7	Helminthosporium								
8	Hormodendrum								
9	Mucor								
10	Penicillium								



Allergy Skin Testing Results

Patient Name:				DOB:		Test Date:			
BP:		Pulse Rate:		Temperature:		PFT:			
	Antigen	Grade		Antigen	Grade		Antigen	Grade	
Grasses	Bermuda Grass		Trees	Mulberry, red		Molds	Alternaria		
	Johnson Grass			Ash			Aspergillus		
	Timothy Grass			Box Elder			Epicoccum		
	Rye Grass			Mountain Cedar			Fusarium		
Epidermals	Cat			Cottonwood			Helminthosporium		
	Dog			Russian Thistle			Hormodendrum		
	Cockroaches			Mesquite			Mucor		
Dust Mites	D. Farinae			Oak			Additional Tests	Penicillium	
	D. Pteronyssinus			Sycamore		Cattle			
Weeds	E. Plantain			Pecan		Horse			
	Kochia			Birch, River					
	L. Quarters			Hackberry		Scoring			
	Pigweed				0 = Nonreactive				
	Mixed Ragweed				1 = Borderline 2 = Mildly Severe				
	Mugwort				3 = Moderately Sensitive 4 = Very Sensitive				
	Marsh Elder		Physician Signature:						
☐ Immunotherapy	Notes								
☐ SCIT									
☐ SLIT									
☐ EpiPen Prescription									
☐ 0.3mg									
☐ 0.15mg									
Qty # _____ Refill # _____									