

Patient Name _____ DOB _____

Date _____

FOR OFFICE USE ONLY

MRN# _____

IMMUNOTHERAPY (ALLERGY INJECTIONS)

PURPOSE

Allergy injections are used to decrease your sensitivity to allergy-causing substances so that exposure to the offending allergens (pollens, dust, molds, venoms, etc.) will result in fewer symptoms. This does not mean that allergy shots are a substitute for avoidance of the known allergens which is the treatment of choice. Allergy injections have been shown to lead to the formation of histamine-blocking or protective antibodies and a gradual decrease in the allergy antibody level. These changes may permit you to tolerate exposure to the allergens with fewer symptoms. You, in effect, become protected from the allergens. The amount of this desensitization occurs to a different degree for each person. In recent studies, allergy injections have shown to decrease the development of asthma by up to 50% in allergic patients.

EFFICACY

Improvement should not be expected immediately. It usually develops gradually over 9 to 12 months. About 90% of allergic individuals on injections get significant improvement of their symptoms, but may not go away completely.

PROCEDURE AND DURATION OF TREATMENT

Allergy injections are begun at a very low dose. The dose is generally increased on a regular basis (once or twice per week) until a therapeutic dose (maintenance dose) is reached. This frequency reduces the chance of reactions and permits the maintenance dose to be reached in a reasonable amount of time. This usually takes approximately six to nine months if there are no problems along the way and shots are received on a regular basis. Maintenance doses are usually given every two weeks and the goal is to eventually spread the injections out to every four weeks over a period of several years. Allergy shots should not be started if it is anticipated that they cannot be taken regularly. Injections may be discontinued if visits are frequently missed due to the increased risk of reactions.

REACTIONS TO IMMUNOTHERAPY

Local reactions (redness, warmth, swelling, itching, or tenderness at the site of the injection) may occur in most patients receiving injections and usually subside in a day or so. Large local reactions and generalized (systemic) reactions may occur in 1-5% of patients receiving allergy injections and usually occur during the buildup phase, although they can occur at any time during the course of treatment. These reactions necessitate a dosage adjustment. These generalized reactions may include, but are not limited to, any and all of the following: itchy eyes, nose, or throat, runny nose, nasal congestion, sneezing, tightness in the throat or chest, coughing, or wheezing. Some may experience lightheadedness, faintness, drop in blood pressure, nausea and vomiting, hives, and under extreme conditions, shock. A severe systemic reaction can potentially be fatal, but this is most unusual.

Allergy injections should be administered at a medical facility with a physician present since occasional reactions may require immediate treatment. Any medical facility that gives allergy injections should be equipped to treat any reaction that may occur. You should check with the facility so that in the unlikely event of a generalized reaction you can be quickly treated and kept under observation, thereby decreasing the likelihood of a more severe reaction.

TREATMENT OF REACTIONS

Simple local reactions that consist of swelling of the arm, redness or tenderness at the site of the injection are best handled with simple measures such as local cold compress or the use of medications such as an antihistamine, ASA, or Tylenol. At the first sign of a systemic reaction, Adrenalin (Epinephrine) is usually given to counteract the reaction. Severe reactions that include chest symptoms are treated the same way an asthmatic attack would be treated. **If, after you leave the medical facility, you experience a generalized reaction from an allergy injection, please either return to the medical facility or proceed to the nearest emergency room.** Before additional injections are given or for questions or assistance, please call Advanced Allergy & Asthma at (501) 420-1085.

Please initial to confirm that you have read the above information. _____

AFTER HOURS EMERGENCY: For after-hours emergencies, please call the medical exchange, **501-663-8400** and ask for the doctor on call.

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RECEIPT OF IMMUNOTHERAPY (ALLERGY INJECTIONS) & CONSENT FORM

MEDICAL CONSENT:

I certify that I was present, heard and understood the oral presentation and received material regarding allergy extract and injections from Advanced Allergy & Asthma. I understand the nature, risks, and benefits of allergy injections. I have been given the opportunity to ask any and all questions that I may have and I am satisfied that they have been fully answered and explained. If I have any questions in the future, I may contact Dr. Melissa Graham or a designated employee of Advanced Allergy & Asthma at 501-420-1085.

Therefore, I do hereby give consent for _____ (patient) to be given allergy injections over an extended period of time and at specified intervals as prescribed by Dr. Melissa Graham. I have read and understand the allergy injection rules and agree to follow them.

I consent and authorize the treatment of any reactions that may occur as a result of an allergy injection.

 Printed Name of Allergy Shot Patient

 Date of Birth

 Signature of Allergy Shot Patient

 Date

 Signature (Authorizing Consenting Party/Relationship)

 Date

FINANCIAL CONSENT:

I also understand that by giving my consent for immunotherapy, I give consent for extract/serum to be custom formulated for my injections and that I will be charged for the full amount of the serum even if I later decide not to receive the injections. I understand that this serum may ONLY be used by me and if I choose to discontinue my treatment, the serum will be destroyed.

 Signature (Authorizing/Consenting Party)

 Date

I certify that I received this document from the above patient or consenting party.

 Printed Name of Representative

 Date

 Signature of Representative

CLINIC TO ADMINISTER INJECTIONS:

Advanced Allergy & Asthma **-or-**

 Name of clinic or physician

 City/Town

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**PATIENT'S COPY
IMMUNOTHERAPY (ALLERGY INJECTIONS)**

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**PATIENT'S COPY
INJECTION HOURS**

Monday	8:00-4:45
Tuesday	8:00-5:45
Wednesday	NO SHOTS
Thursday	8:00-4:45
Friday	7:00-12:45

INTERVAL BETWEEN INJECTIONS: Initially injections can be given every two to eight days. Once a maintenance dose is reached, injections can be given every two weeks.

WAITING PERIOD: All patients should wait the allotted time (20-30 minutes) after receiving their injection(s). Patients who do not wait the allotted time will assume the responsibility of recognizing reaction symptoms.

MINOR PATIENTS: Minor patients should not be dropped off and left alone to receive allergy injections. In the event that an allergic reaction occurs, an adult should be present.

LOCAL REACTIONS: Local reactions of redness, swelling, itching, warmth, and slight discomfort may occur at the injection site. Redness and swelling up to 2 inches in diameter is considered normal. Any redness/swelling that exceeds that should be reported to the nurse prior to leaving. If this occurs after leaving, please contact our clinic or report to the nurse prior to your next injection.

SYSTEMIC REACTIONS: Within the first few minutes or hours after the injection(s), any generalized, sudden increase in allergy or asthma symptoms such as **itching of the scalp, palms, feet, or throat, coughing, wheezing, increased sneezing should be reported IMMEDIATELY.**

PLEASE NOTE: We ask all patients to refrain from wearing strong perfumes and colognes due to patient sensitivity to various odors.

NO INJECTION CRITERIA:

Fever: If the patient's temperature is greater than 100, the injection should be delayed until fever has broken for 24 hours.

ASTHMA AND PATIENTS WITH CHEST CONGESTION: If the patient is experiencing chest congestion/wheezing/chest tightness, the injection should be delayed until those symptoms have resolved. If the peak flow reading is below 80% of the patient's best, the injection will NOT be administered. The patient should wait at least 24 hours after an asthma attack to receive an injection. If there has been use of the patient's rescue inhaler over the past 24 hours, no injection can be given.

BETA-BLOCKERS: If you are taking allergy injections and have been placed on a beta-blocker medication, you should notify the nurse/doctor IMMEDIATELY.

MISSED INJECTIONS: If you have missed your scheduled injections by several weeks or months, please call ahead in order for a dosage adjustment to be made before your arrival.

ALLERGY INJECTION CHARGES: There are two charges for allergy injections. The first charge is for the extract. The extract is priced by dosages per bottle. Each bottle contains 6-8 doses depending on whether you are building or on a maintenance dose. Most patients will use 5-6 bottles the first year and 3-4 bottles each year after reaching maintenance. The shot room nurse(s) will notify you when they will be ordering additional extract. The second charge is the injection administration fee. This will be billed after each injection.

Allergy immunotherapy may be covered by your insurance but you will need to check your individual policy. It is your responsibility to keep your insurance referral current, if required; otherwise, you will be billed for the cost of your extract and injection fees.

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