Harshit M. Patel, M.D
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Patient's Name: _____ **DOB:** _____

ALLERGY IMMUNOTHERAPY CONSENT FORM

Section A

Your allergist has suggested allergy immunotherapy as a treatment option. Allergy immunotherapy (allergy Shots) contain water extracts of pollens, mold, mites, insects, or animal dander to which a patient has been shown to be allergic by skin testing. Venom allergy shots, as the name implies, are actual doses of natural stinging insect venom or its purified components. Allergy immunotherapy works by gradually building antibodies and changing the cellular response that your body has to your allergies. Most people receive injections for five years, although some require shorter or longer periods of treatment depending on how quickly they respond. The injections are given weekly at first, and eventually this interval is lengthened.

Benefits of immunotherapy

- Better control of allergic rhinitis (hay fever)
- Better control of allergic asthma
- Possible reduction in need and amount of allergy and asthma medications.
- Possible asthma prevention in children.
- Reduce infections

With either type of injection, as with other substances injected into the body, there may be a "shot reaction". These are generally mild and include local reactions, mild systemic reactions, and severe systemic reactions. We place great emphasis on safety in our office.

Local reactions

- Burning or itching at the injection site.
- Swelling or hives at the injection site.

Systemic reactions occur in less than 1% of injections. They are usually mild, but more reactions could possibly occur.

Mild systemic reactions

- Nasal congestion and/or "runny nose" with itching of ears, nose, or throat and/or sneezing occurring within two hours of the injection.
- Itchy, watery or red eyes.

Occasionally, more severe reactions include

- Wheezing, coughing, or shortness of breath.
- Generalized hives (welts).
- Swelling of tissue around the eyes, the tongue, or throat.
- Stomach or uterine (menstrual–type) cramps, possible miscarriage (if pregnant).

Rare complications

- Abnormalities of the heart beat.
- Loss of ability to maintain blood pressure and pulse.

Severe reactions involving the heart, lungs, and blood vessels, if unrecognized and untreated, could be FATAL.

Experience has shown that the majority of reactions which require emergency treatment occur within **30 minutes** of an injection. It is for this reason that all patients who receive such injections must remain for **30 minutes** in our designated waiting area until checked by one of our clinic nurses. Anyone leaving prior to this time **does so against medical advice** and a repeat offender may be prevented from receiving allergy shots.

NOTE: Occasionally, a reaction occurs after a patient leaves the clinic. It is vitally important that any such reaction be reported to the nurse or physician before receiving the next injection. If the reaction is more than local swelling at the site of the allergy shot, you should return to the clinic or a local emergency

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room for treatment. Certain patients, particularly those who have delayed reactions, may be asked to remain in the clinic for longer than **30 minutes**. Your physician will indicate how long you should wait.

Recognizing the rare but possible hazards of immunotherapy, it has been generally agreed that allergy shots should be given in a physician's office where immediate treatment can be administered should a reaction occur.

Patient acknowledges that serum is made with the understanding that they will continue the course of allergen immunotherapy. Serum is unique and cannot be used for other individual.

Alternative to Immunotherapy

- Simply to continue allergy and asthma medications along with allergy avoidance measures.

In signing this statement, I acknowledge that I have read fully the information that it contains, and that I have been able to have any questions answered by one of the allergy nurses or physicians. I affirm that I understand the need to wait **30 minutes**.

_____ _____
Patient Name (Print) Date

_____
Patient signature (or Guardian)

Section B

To be completed only when the allergy extracts are being picked up by a patient for transfer to another medical facility.

I have read all the information of Section A of this form and I certify that I will NOT attempt to administer my extract to myself nor will I permit anyone who is not a licensed physician or under the direct supervision of a licensed physician to administer these extracts.

_____ _____
Signature Date

_____ _____
Witness Date