

The Student Health Center is pleased to assist you in receiving the allergy immunotherapy prescribed by your personal physician while you are enrolled at UNC Charlotte. Please review information about our Allergy Clinic below. If you have additional questions please contact the Student Health Center at 704-687-7424. This signed consent form is required.

Student Allergy Injection Information and Consent Form

Read and Initial	All patients requesting the Student Health Center (SHC) to administer allergy immunotherapy are required to carefully read each statement and initial each box on the left.
	You must obtain a Request for Allergy Injection form and have this completed by your prescribing physician including <u>all</u> requested information. Any forms to be signed from your prescribing Physician's office, should be faxed to 704-687-0826.
	Allergy injections are given by appointment only. Injections are given by a nurse with a healthcare provider present in the health center. Contact the SHC regarding available appointments.
	A signed order from the physician prescribing your immunotherapy is required annually ; we cannot give your allergy injections without this order.
	Patients must receive at least two initial injections (minimum two office visits) from your vials at your prescribing Physician's office. The interval between your last injection(s) and your first injection at the SHC must be at the prescribed interval or you will be referred back to your prescribing Physician's office.
	You are responsible for contacting your prescribing Physician when your vial(s) need to be reordered. Our nursing staff will remind you when your vial(s) is getting low and will fax the current dosage sheet to your prescribing Physician's office.
	Reactions to your immunotherapy can be immediate or delayed and can occur when you are increasing your build-up or maintenance therapy. Immediate systemic type reactions can be life threatening, requiring prompt medical treatment. These reactions usually begin 5-20 minutes after injection with itching of scalp, ears, and palms of hands, a tickling irritation at the back of your throat, and difficulty breathing. Wheezing, sneezing, and coughing may accompany these symptoms. Early treatment may prevent progression of the reaction to generating hives, asthma, anaphylaxis, or death.
	We require a 30 minute patient observation each time an allergy injection is given before the nurse will discharge you from your appointment. Failure to wait the required time will result in automatic dismissal from the allergy injection service at the SHC.
	You should not exercise for 2 hours after an allergy injection due to the possibility of delayed reactions.
	You are responsible for reporting any of the following since your last appointment/injection to the nurse prior to receiving your allergy injection(s). *Delayed reaction - Local or Generalized *Asthma Symptoms *Any suspected illness or fever at the time of your appointment.
	If you experience any type of severe reaction or begin having increasing frequency of reactions to your immunotherapy, the SHC may no longer be able to administer your allergy injections; consequently you will be referred back to your prescribing physician
	It is your responsibility to inform the SHC nurse of any changes in prescription medications that you are taking. If you are prescribed a beta- blocker at any time, we cannot administer your immunotherapy.
	You are responsible for making arrangements ahead of time to receive your allergy injections elsewhere when: *The Student Health Center is closed (major holidays) *You will be out of town and unable to receive your injections at the Student Health Center
	The SHC will store your vials of allergy extract until the end of the academic year, at which time they will be discarded. Please be sure to take your allergy extracts home at the end of the academic year.
	The Student Health Center (SHC) does not file insurance except for BCBS Student Blue plan. Please check with the SHC for the fees charged for allergy injections. Please contact your insurance provider regarding coverage for services at the SHC.

I have read the above information completely and understand the risk involved with allergy immunotherapy, including the possibility of local and/or systemic reactions as well as increased allergy symptoms. I hereby consent to the administration of my physician prescribed allergy immunotherapy by a nurse at the SHC and under the direction of the clinic providers. I agree to fully abide by the policy and procedures of the allergy injection clinic at indicated above. I understand I will be given a copy of this signed form.

Patient Signature: _____ Student ID# _____

Patient Name (print): _____ Date: _____

SHC Nurse reviewing this form: _____

Copy of Signed Form given to Patient

Patient's Name: _____

DOB: _____

UNCC ID: _____

ADDRESS: UNC Charlotte Student Health Center
 ATTN: ALLERGY CLINIC
 9201 University City Blvd
 Charlotte, NC 28223-0001

Physician Request for Allergy Injection Therapy

Instruction to Prescribing Physician:

Your patient (named above) has requested the Student Health Center (SHC) to administer allergy immunotherapy while they are enrolled at the University. The patient will work with your office to obtain serum and proper documents.

Please review and initial each statement in box to the left.

	Allergy injections are administered by a nurse with a healthcare provider (physician, physician assistant, and/or nurse practitioner) present in the health center to manage any severe reactions that may occur.
	Students must initiate allergy injections with their prescribing physician and complete a minimum of at least two doses (two separate visits) at the prescribed interval before receiving the next injection (on-time) at the SHC. If the time since the last allergy injection is beyond the prescribed interval the student will be referred back to their prescribing physician's office for two more doses.
	All Allergy extracts must be properly labeled with the following information: Patient Name, DOB, allergen content, concentration and expiration date.
	We require a written order annually, from the prescribing physician before we administer allergy injections to your patient.
	If any problems or complications arise that are not addressed within the physician orders, we will contact your office for further instructions.
	We require a written order (signed by physician) faxed to us within 24 hours with any deviation from the original order.
	The SHC does not mail allergy serum on behalf of patients. Patient will be responsible for the transport of their allergy serum back to their prescribing office when needed. However, we will accept allergy serum via mail. Please use the address listed at the top of this form.

Please answer the following questions.

	Has the patient experienced significant local or systemic reactions to allergy injections? NO ____ YES ____ IF YES, DESCRIBE THE REACTION, WHICH EXTRACT(S) ADMINISTERED, & RESPONDING TREATMENT.
	Is the patient taking a beta-blocker? NO ____ YES ____ The Student Health Center does not administer allergy injections to patients taking beta blockers.
	Has the patient been instructed to carry an Epi-pen to each injection visit? NO ____ YES ____ The SHC does not do Epi flushes or test doses from new vials.
	Has the patient been prescribed pre-medication to be taken prior to their allergy injection? NO ____ YES ____ If YES, what medication? _____

**Please submit the documentation requested below to: UNC Charlotte Student Health Center - Allergy Clinic
 9201 University City Blvd. Charlotte NC 28223-0001 FAX: 704-687-0826 Phone: 704-687-7424**

	Medical History (including chronic or severe illness that may affect the desensitization schedule)
	Documentation of most recent administered injections
	Specific instructions on dosage adjustment if administered late or deviation from the prescribed schedule required
	Schedule for increasing build-up dosages (not applicable for maintenance therapy)
	Maintenance schedule, including instruction regarding dosage adjustment with new maintenance vial
	Specific guidelines for patient presenting with illness, wheezing, or increased allergy symptoms
	Specific instructions for the management and dosing adjustment for local reactions.
	Signed copy of this form

Physician Signature: _____

Physician Name (print): _____

Office Address: _____

Date: _____

Office Fax: _____

Office Phone: _____