



ALLERGEN IMMUNOTHERAPY PATIENT CONSENT FORM

Immunotherapy, hyposensitization, or allergy injections should be administered at a medical facility with a medical provider present since occasional reactions may require immediate therapy. These reactions may consist of any or all of the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; coughing; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and shock. Reactions, even though unusual, can be serious but rarely fatal. You are required to wait in the medical facility in which you received the injections for 30 minutes after each injection. If the patient is 17 years of age or younger, a parent or legal guardian must be present during the waiting period. I verify that I (or patient) am not taking beta blocker medications or that if I am, I have discussed the risks/benefits of doing so with my provider (see information sheet).

I have read (if new patient) or re-read (if established patient) the patient information sheet on immunotherapy and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of immunotherapy and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions. I also agree that if I have an allergic reaction to the injections that the provider-in-charge has permission to treat said reaction.

I acknowledge the fact with my signature that I am authorizing the office to bill for allergen vaccines, even if, for any reason, I decide not to initiate the allergen immunotherapy program after the vaccine has been made. Vaccines may be prepared up to 1 ½ weeks prior to my appointment. I agree to obtain prior authorization, if needed, from my insurance plan.

PATIENT \_\_\_\_\_

DATE \_\_\_\_\_

PARENT or LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

As parent or legal guardian, I understand that I must accompany my child throughout the entire 30-minute wait.

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_



## **ALLERGY TESTING PATIENT INFORMATION SHEET**

### **Allergy Shots**

Allergen immunotherapy injections or "allergy shots" are prescribed for patients with allergic rhinitis (hay fever), allergic asthma or life threatening reactions to insect stings. Immunotherapy is the only medical treatment that could potentially modify allergic disease. Some studies have shown that it may have a preventive role in allergic children, possibly preventing asthma from developing in some patients with allergic rhinitis. Immunotherapy would be considered for individuals, who have moderate or severe symptoms not adequately controlled by environmental control measures and/or medications.

### **Effectiveness**

Allergen immunotherapy (allergy shots) may "turn down" allergic reactions to common allergens including pollens, molds, animal dander and dust mites. In most cases, the initial 6 to 12 month course of allergy shots is likely to gradually decrease sensitivity to airborne allergens and continuation of injections leads to further improvement. The injections do not cure patients but diminish sensitivities, resulting in fewer symptoms and use of fewer medications. It is important to maintain shots at the proper time interval; missing your shots for a short time may be acceptable but an appropriate adjustment in the dose of vaccine may be necessary for long lapses in injections. Please see us if you miss receiving your injections for longer than what is recommended for your current vial.

### **How long shots are given?**

There are generally two phases to immunotherapy: a build-up phase and a maintenance phase

- **Build-up phase:** involves receiving injections with increasing amounts of the allergens. The frequency of injections during this phase generally ranges from 1 to 2 times a week, though more rapid build-up schedules are sometimes used. The duration of this phase depends on the frequency of the injections but generally ranges from 3 to 6 months (at a frequency of 2 times and 1 time a week, respectively).

- **Maintenance phase:** This phase begins when the effective therapeutic dose is reached. The effective therapeutic dose is based on recommendations from a national collaborative committee called the **Joint Task Force for Practice Parameters: Allergen Immunotherapy: A Practice Parameter** and was determined after review of a number of published studies on immunotherapy. The effective maintenance dose may be individualized for a particular person based on their degree of sensitivity (how 'allergic they are' to the allergens in their vaccine) and their response to the immunotherapy build-up phase. Once the target maintenance dose is reached, the intervals between the allergy injections can be increased. The intervals between maintenance immunotherapy injections generally ranges from every 2 to every 4 weeks but should be individualized to provide the best combination of effectiveness and safety for each person. Shorter intervals between allergy injections may lead to fewer reactions and greater benefit in some people and some individuals may tolerate intervals longer than four weeks between injections.

### **Reactions to allergy injections**

It is possible to have an allergic reaction to the allergy injection itself. Reactions can be local (swelling at the injection site) or systemic (affecting the rest of the body). Systemic reactions include hay fever type symptoms, hives, flushing, lightheadedness, and/or asthma, and rarely, life threatening reactions. Some conditions can make allergic reactions to the injections more likely: heavy natural exposure to pollen during a pollen season and exercise after an injection. Serious systemic reactions can occur in patients with asthma that has worsened and is not well controlled on recommended medications. Therefore, if you have noted worsening of your asthma symptoms, notify your nurse or medical provider before receiving your scheduled injections! Reactions to injections can occur, however, even in the absence of these conditions.

**Skin Test:** Skin tests are methods of testing for allergic antibodies. A test consists of introducing small amounts of the suspected substance, or allergen, into the skin and noting the development of a positive reaction (which consists of a wheal, swelling, or flare in the surrounding area of redness). The results are read at 15 to 20 minutes after the application of the allergen. The skin test methods are:

**Prick Method:** The skin is pricked with a device where a drop of allergen has already been placed.

**Intradermal Method:** This method consists of injecting small amounts of an allergen into the superficial layers of the skin.

Interpreting the clinical significance of skin tests requires skillful correlation of the test results with the patient's clinical history. Positive tests indicate the presence of allergic antibodies and are not necessarily correlated with clinical symptoms.

You will be tested to important (location) airborne allergens and possibly some foods. These include, trees, grasses, weeds, molds, dust mites, animal danders and, possibly some foods. The skin testing generally takes 45 minutes. Prick (also known as percutaneous) tests are usually performed on your back but may also be performed on your arms. Intradermal skin tests may be performed if the prick skin tests are negative and are performed on your arms. If you have a specific allergic sensitivity to one of the allergens, a red, raised, itchy bump (caused by histamine release into the skin) will appear on your skin within 15 to 20 minutes. These positive reactions will gradually disappear over a period of 30 to 60 minutes, and, typically, no treatment is necessary for this itchiness. Occasionally local swelling at a test site will begin 4 to 8 hours after the skin tests are applied, particularly at sites of intradermal testing. These reactions are not serious and will disappear over the next week or so. They should be measured and reported to your medical provider at your next visit. The same guidelines apply.

### **7 DAYS PRIOR TO ALLERGY TESTING**

#### **DO NOT TAKE:**

1. No prescription or over the counter oral. These include cold tablets, sinus tablets, hay fever medications, or oral treatments for itchy skin, over the counter allergy medications, such as Claritin, Zyrtec, Allegra, Actifed, Dimetapp, Benedryl, and many others. Prescription antihistamines such as Clarinex and Xyzol.
2. You should discontinue your nasal and eye antihistamine medications, such as Patanase, Pataday, Astepro, Optivar, or Astelin.
3. Medications such as over the counter sleeping medications (e.g. Tylenol PM) and other prescribed drugs, such as amitriptyline hydrochloride (Elavil), hydroxyzine (Atarax), doxepin (Sinequan), and imipramine (Tofranil).
4. No beta-blocker (any medication that ends in -olol).

#### **YOU MAY TAKE:**

1. You may continue to use your intranasal allergy sprays such as Flonase Rhinocort, Nasonex, Nasacort, Omnaris, Veramyst and Nasarel.
2. Asthma inhalers (inhaled steroids and bronchodilators), leukotriene antagonists (e.g. Singulair, Accolate) and oral theophylline (Theo-Dur, T-Phyl, Uniphyl, Theo-24, etc.) do not interfere with skin testing and should be used as prescribed.
3. Most drugs do not interfere with skin testing but make certain that your medical provider and nurse know about every drug you are taking (bring a list if necessary).

Skin testing will be administered at this medical facility with a medical provider or other health care professional present since occasional reactions may require immediate therapy. These reactions may consist of any or all of the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; increased wheezing; lightheadedness;

faintness; nausea and vomiting; hives; generalized itching; and shock, the latter under extreme circumstances. Please let the medical provider and nurse know if you are pregnant or taking beta-blockers. Allergy skin testing may be postponed until after the pregnancy in the unlikely event of a reactions to the allergy testing and beta-blockers are medications they may make the treatment of the reaction to skin testing more difficult.

**Please note that these reactions rarely occur but in the event a reaction would occur, the staff is fully trained and emergency equipment is available.**

**DAY OF ALLERGY TESTING:**

- Please wear a short-sleeve or sleeveless shirt as most testing is done on the arm or the back. If you are not wearing appropriate shirt, we will provide you with a gown to wear. The testing will take approximately 45 minutes.
- Certain medications prevent your skin from reacting as expected. Please avoid these medications for 7 days prior to allergy testing (see above list).
- Please do not wear perfume or after-shave lotion on the day of testing.
- If you use an albuterol inhaler, please bring it with you.
- **If you are more than 10 minutes late for your appointment, you will need to reschedule the appointment.**

After skin testing, you will consult with your medical provider who will make further recommendations regarding your treatment.

We request that you do not bring small children with you when you are scheduled for skin testing unless they are accompanied by another adult who can sit with them in the reception room.

**Please do not cancel your appointment since the time set aside for your skin test is exclusively yours for which special allergens are prepared. If for any reason you need to change your skin test appointment, please give us at least 48 hours notice, due to the length of time scheduled for skin testing, a last minute change results in a loss of valuable time that another patient might have utilized.**

**Please inform the nursing staff if you have been diagnosed with a new medical condition or prescribed any new medications since your last visit. If any symptoms occur immediately or within hours of your injection, please inform the nurse before you receive your next injection.**

## **Meds that patients should not take for 7 days prior to allergy testing**

### **Commonly Found Antihistamines**

Alavert	Comtrex	Periactin
Allegra, Allegra-D	Contac	Rhinosyn
AllerX	Coricidin	Rynatan
Antivert (meclazine)	Deconamine	Sudafed Plus
Astelin	Dimetane	Tagament (cimetidine)
Axid (nizatidine)	Dimetapp	Tavist, Tavist-D
Benedryl (diphenhydramine)	Dramamine (dimehydrinate)	Triaminic
Bonine (meclazine)	Drixoral	Vicks
Bromfed (Brompheniramine)	Extendryl	Vistaril (hydroxyzine)
Chlorpheniramine	Formula 44	Xyzal
Chlor-Trimenton	Hydroxyzine, Atarax	Zantac (Ranitidine)
Clarinet	Multisymptom Nyquil	Zyrtec
Claritin, Claritin-D, Claritin Reditab	Pepcid (famotidine)	4-way
Clemastine	Phenergan (proethazine)	

### **Antidepressants/Anti-anxiety/Other Psychiatric Medications**

Alprazolam/Xanax	Effexor/Effexor XR	Paxil
Amitriptyline/Elavil/Vanatrip	Elavil	Protiptyline/Triptil/Vivactil
Amoxaine/Ascedin	Imipramine/Tofranil	Prozac
Buspar	Lexapro	Restoril
Clomipramine/Anafranil	Lorazepam/Ativan	Serzone
Clonazepam/Klonoin	Librax	Trazodone/Desyrel
Celexa	Mapotiline/Ludiomil	Trimipramine/Surmontil
Cymbalta	Mirtazapine/Remeron	Welbutrin (Bupropion)
Desipramine/Norpramin	Nefazodone/Serzone	Xanax
Doxepin/Sinequan/Zonalon	Nortriptyline/Aventyl/Pamelor	Zoloft

### **Commonly Found H2 Blockers**

Famotidine/Pepcid/Nizatidine/Axid    Ranitidine/Zantac    Tagamet/Cimetidine

**Commonly Prescribed Beta Blockers (Blood Pressure Medication)**  
**generic names typically end in "lol"**

Acebutolol (Sectrol)	Esmolol (Brevibloc)	Propranolol, (Inderal, or Ineral LA)
Atenolol (Tenormin, Tenoretic)	Inderide, Inderide LA	Sotalol, (Betapace AF)
Betaxolol (Kerlone)	Labetalol, (Normodyne, Trandate)	Timolide 10/25
Carteolol (Cartol)	Metoprolol, (Lopressor, Lopressor HCT/Toprol XL)	Timolol, Blocadren
Carvedilol (Coreg)	Nadolol, (Corgard)	Ziac
Disoprolol (Zabeta)	Penbutolol, (Levatol)	
Corzide	Pindolol, (Visken)	