

Please note: To fill out this form using the editable fields in the PDF, you must first save to your computer and open using Adobe Reader.

INFORMED CONSENT FOR SUBCUTANEOUS ALLERGY IMMUNOTHERAPY

PURPOSE

The purpose of subcutaneous allergy immunotherapy ("allergy shots") is to decrease your sensitivity to allergens. Allergy shots are used for supplemental treatment of allergies along with allergy medications and avoidance methods for best results. Allergy shots are not a cure but intended to improve the quality of life with the goal of minimizing the need for medicines.

EFFECTIVENESS

Improvement with allergy symptoms is not immediate and allergies may in fact worsen after starting allergy shots. Patients may not begin to see improvement in symptoms for 3-6 months and full benefits may not be evident for 12-24 months.

PROCEDURE

The allergy shot is a mixture of the allergens. When you begin receiving your shots, this mixture is diluted so that your body will be less likely to react to it. The dose is increased regularly as long as there is no allergic response until your full strength shot ("maintenance dose") is achieved. Maintaining scheduled injections will allow you to reach that dose more quickly. The maintenance dose will differ from person to person. Once you achieve your maintenance dose you will receive this dose every week to complete the first year. After that your treatment will depend on your individual circumstance. We currently recommend that immunotherapy be continued for a period of 3-5 years.

We only administer allergy shots when a physician is in the office and you have your Epi-pen with you. A delayed reaction may occur up to 2 hours after an injection. We will teach you how to use an Epi-pen should that ever be necessary.

ADVERSE REACTIONS

There are risks associated with immunotherapy (allergy shots). Some adverse reactions may be life-threatening and may require immediate medical attention. Some of these potential adverse reactions include, but are not limited to:

LOCAL REACTIONS: Local reactions are common and are usually restricted to a small area around the site of the injection, with varying degrees of redness, swelling, pain, and itching. You should notify the medical staff if your local reaction is uncomfortable or exceeds two inches in diameter or lasts until the following day.

SYSTEMIC REACTIONS: Systemic reactions occur rarely, but are the most significant adverse reaction. Systemic reactions may include:

- Hives including one or more area's varying degrees of rash, flushing, swelling, and/or itching of more than one part of the body.
- Swelling is rare and can include any part of the body, inside or out, such as the ears, tongue, lips, throat, intestine, hands or feet, alone or in combination.
- Anaphylactic shock is a very rare complication, but is a serious event characterized by acute asthma, vascular collapse (low blood pressure), unconsciousness, and usually occurring minutes after a shot.

The previously listed reactions are unpredictable and may occur with the first injection or after a long series of injections, with no previous warning.

OBSERVATION PERIOD FOLLOWING INJECTIONS

All patients receiving immunotherapy injections should wait in the clinic area *at least 20 minutes following each injection*. If you have a reaction, you may be advised to remain in the clinic longer for medical observation and treatment. If you cannot wait the 20 minutes after your injection, you should not receive an injection. Most systemic reactions are not life-threatening if treated promptly. Under no circumstances will injections be permitted without the immediate availability of emergency medical treatment. If a severe reaction occurs after you have left the clinic area, you should *immediately go to the nearest emergency medical facility*.

INITIAL EXTRACT PRESCRIPTION

Your initial serum prescription includes all vaccine vials that are required to finish the first serum. In order to utilize these vials prior to their expiration date, you will need to receive injections at least once a week on a regular basis. The vials last for a 3 month period which is the time it takes for you to complete each serum level. If you miss injections and a serum has to be remade at the same strength you may be responsible for the cost.

CONTRAINDICATIONS FOR IMMUNOTHERAPY

Please let us know if you are experiencing any contraindicating symptoms, as these are reasons we may not administer your shots.

- PREGNANCY
- NEW MEDICATIONS
- ILLNESS
- EXTREME EXPOSURE TO AN ALLERGEN
- ACTIVE ASTHMA SYMPTOMS, WHEEZING

Informed Consent

I, _____, have read or have had explained to me the above-information regarding subcutaneous immunotherapy and I understand the risks, benefits, and alternatives of allergy shots. I have had a chance to ask questions of the healthcare provider and I have been given ample time to consider my decision. I also understand that the insurance benefits quoted to me by MHFM are a quote only and that MHFM is not responsible for misquotation of benefits by my insurance, if this occurs. I hereby give my consent to allow the following person, _____, to be treated using subcutaneous immunotherapy.

Signature of patient or responsible party

DOB: _____

Date

Relationship to patient if not self

Signature of witness

Date