

ALLERGEN IMMUNOTHERAPY CONSENT

Immunotherapy or “Allergy Shots” is a form of allergy treatment that reduces allergy symptoms gradually. It is used in some patients whose skin tests show that they are allergic to things that can not be completely avoided and who require chronic medication. Clinical studies have proven that immunotherapy reduces symptoms of nasal allergies (hay fever), asthma and serious reactions to bee stings. Immunotherapy is not effective for food allergy, chemical reactions or irritants such as cigarette smoke, odors or fumes.

The Allergy mixture for injections is made specifically for each patient based on symptoms and skin test results. Injections are usually given every 3-14 days, beginning with a low dose and gradually increasing to about 2000 to 5000 times the starting dose. “Maintenance dose” is reached at the strongest dosage level and shots are spaced out to every 2 to 4 weeks. It may take 5 months or longer to get to “maintenance dose”.

It usually takes 6 to 9 months for patients to notice that their immunotherapy is working. Immunotherapy may markedly reduce or eliminate symptoms. However, patients may still require medicine from time to time. Immunotherapy for nasal allergies and/or asthma is typically continued for 3 to 5 years. The provider must see the patient after each set of vials to evaluate progress and to renew the antigen (allergy mixture). A new antigen must be made up after completion of the previous set of vials.

Allergy shots have potential side effects. Minor local pain, itching or swelling can occur at the injection site. This is a common occurrence. Sometimes a generalized allergic reaction with hives or flushing may occur. Infrequently, a patient may experience anaphylaxis which may include a generalized reaction with throat swelling, wheezing or a drop in blood pressure. There have been cases of death from allergic reactions caused by allergy injections. **Because of the potential adverse reaction to allergy injections, patients must remain in the doctor’s office for 30 minutes after each shot. It is for this reason we ask that children under the age of 18 be accompanied by their parent or authorized adult (if a consent to treat a minor form is signed); to their injections.** Allergy shots must be given under the supervision of a provider in a facility equipped with trained staff and appropriate equipment to identify and treat adverse reactions to allergy injections.

Listed below are known Beta-blocker medications. Beta-blockers are used to manage conditions such as angina (chest pain), high blood pressure, headaches, glaucoma (increased eye pressure), or essential tremor (trembling). Beta-blocker may make allergy injections unsafe. If you are unsure about any medications you are taking or are presently taking a beta-blocker, please notify the provider.

Non-selective beta-adrenergic blocking agents

carteolol	Cartrol
carvedilol	Coreg
labetalol	Normodyne/Trandate
nadolo	Corgard
penbutolol	Levatol
pindolol	Visken
propranolol	Inderal, Detensol, Navopropranol
sotalol	Betapace, Sotacor
timolol	Blocadren

Ophthalmic beta-adrenergic blocking agents

betaxolol	Betoptic
carteolol	Ocupress
levobunolol	Betagan
metipranolol	OptiPranolol
timolol	Betimol, Timoptic

Selective Beta-adrenergic blocking agents

acebutolol	Sectral
atenolol	Tenormin
betaxolol	Kerlone
bisoprolol	Zebeta, Ziac
esmolol	Brevibloc
metoprolol	Betaloc, Lopressor, Toprol
celiprolol	Nebivolol

Combination products

Tenoretic (atenolol)
Normozide (labetalol)
Cobetaloc (metoprolol)
Crozzide (nadolol)
Viskazide (pindolol)
Inderide (propranolol)
Timolide (timolol)

Patient: _____ Date of birth: _____

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Serum will not be made without your signed consent. I have read and understand this information notice and have had an opportunity to ask questions. I would like to begin allergy shot treatment and agree to remain in the doctor's office for 30 minutes after each shot is administered. The cost for the serum varies widely depending upon your personalized mix which is administered through shots. Your cost for the preparation of your serum will depend on the allowance by your individual insurance plan. Whole Child Pediatrics will bill your insurance for serum mixing every time a new set of vials are made. The administration of shots is billed separately based upon the number given. Common billing codes your insurance may ask for are the one for the serum mix itself (CPT 95165), and injection codes (CPT 95115 if you get 1 shot or CPT 95117 if you get 2 or more).

Please contact your insurance carrier to determine your coverage for allergy immunotherapy. If you have additional questions, contact Whole Child Pediatrics. Consent forms will need to be signed every time a new set of vials needs to be mixed.

In signing this consent form, I accept full financial responsibility for the cost of this antigen, even if, for any reason, I decide not to initiate the allergen immunotherapy program after the antigens have been made. Please note antigens maybe prepared up to 1 ½ weeks prior to the first scheduled appointment. I am aware that it is my responsibility to obtain any prior authorizations, if necessary, from my insurance. I also understand that I must be compliant to receive the optimum efficacy. I also understand that it is my responsibility to inform the staff about any new, or change, of medications or symptoms. I have also been informed that my serum will expire, and if not used due to my non-compliance, I will be charged again for a new serum.

Patient's name

Date

Patient / Parent or Guardian signature

Relationship to patient

Provider signature

Date