

Allergy, Asthma & Clinical Immunology

FORT WORTH ALLERGY AND ASTHMA ASSOCIATES

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PATIENT'S NAME _____

CONSENT FOR ALLERGY INJECTIONS

PURPOSE

The purpose of allergen immunotherapy is to decrease your sensitivity to allergy-causing substances so that exposure to the offending allergens (pollen, dust, mold, etc.) will result in fewer symptoms.

INDICATIONS

If there are documented allergies to substances in the environment that you cannot avoid, you may be a good candidate for allergy injections. Improvement should not be expected immediately. It usually takes 1-6 months before any relief of symptoms is apparent and it may take up to 12 months or longer for the full benefit to occur. About 80% of patients on immunotherapy achieve significant improvement in their symptoms. However, this means that while the symptoms are significantly reduced they may not completely resolve.

PROCEDURE

Allergy injections begin at a very low dose. The dose is gradually increased on a regular basis until a therapeutic dose (i.e. maintenance dose) is reached. This dose may vary from person to person. Injections are typically given once or twice a week while the dose is being increased. This frequency reduces the likelihood of a reaction to the injections and allows the maintenance dose to be reached in a reasonable amount of time.

DURATION

It typically takes between two and a half to six months to reach a maintenance dose. It may take longer if there are any reactions to the allergy injections. If the injections are not received on a regular basis it will take longer to reach your maintenance dose. Thus it is important to follow the recommended schedule for injections. Your physician may elect to discontinue immunotherapy if injection visits are missed frequently since this increases the risk of injection reactions.

The length of time that allergy injections will be continued depends on your response to the treatment. Ideally, you should experience fewer symptoms and require less medication for at least one year prior to stopping shots. A typical duration of treatment is 3-5 years, though there are instances when treatment may be continued beyond this time frame. Because the duration of and changes in immunotherapy must be individually tailored to each patient, regular follow-up visits are essential.

RISKS

Allergy shots are associated with some recognized risks, such as hives, facial and throat swelling, lower respiratory symptoms, and loss of consciousness. This can potentially occur because you are being injected with substances you are known to be allergic to. Most serious reactions occur within 15-30 minutes, but occasionally reactions can occur up to 24 hours after injections. You should not receive an injection on a day when your asthma is not well-controlled or you are running a fever greater than 100F. Allergy injections should only be administered in a medical facility equipped to treat such reactions.

ALTERNATIVES TO IMMUNOTHERAPY

Allergen immunotherapy is not recommended for every patient. Your physician will discuss other alternative therapeutic measure with you, which include:

- 1) Avoidance of your allergic triggers, if possible.
- 2) Medications to control your allergy symptoms.

FEES

Fort Worth Allergy & Asthma Associates charges a fee for the bottle of allergen extract (ie "serum"). Each bottle contains 10-15 injections. There is also a separate fee for each injection. Although we are contracted with most insurance companies, financial coverage for your allergy treatment depends upon your individual policy. Because it ultimately your responsibility, we recommend that you become familiar with the limitations of your insurance and whether or not referrals are required.

SPECIFIC INSTRUCTIONS FOR PATIENTS RECEIVING IMMUNOTHERAPY

- 1) Injections should be given in a qualified health care facility with a physician present. Allergy injections should not be given at home.
- 2) The national guidelines recommend that patients receiving allergy injections remain in the medical facility for 30 minutes. We ask that you remain in our facility for a minimum of 20 minutes after each injection in case you should experience symptoms of an allergic reaction. A parent or guardian must remain with children receiving allergy injections at all times.
- 3) Report any current illness to the nurse or medical assistant before your allergy shot is given, especially if you have asthma and have recently used your rescue inhaler.
- 4) You must keep your scheduled follow-up appointments with your allergy physician. At a minimum, you should be re-evaluated every 6-12 months.

If you experience symptoms of an allergic reaction during the waiting period, report immediately to the injection staff. These symptoms include itchy eyes, throat, nose or skin, shortness of breath or wheezing, intestinal cramping, or faintness. If you develop symptoms after your waiting period has expired you should contact our office immediately and report your symptoms prior to returning for your next injection. This allows our office personnel to speak with your physician and adjust your next dose.

CONSENT FOR TREATMENT

I do hereby give consent for _____ to receive immunotherapy under the supervision of Fort Worth Allergy & Asthma Associates. I have read the above information and understand the procedure. In the event that I discontinue allergy shots, I understand that I am financially responsible for any unused portion of extract (serum). I understand that I am responsible for any co-pay and/or deductible amount assessed by my insurance carrier. I further understand that I am responsible for obtaining required referrals and keeping them current.

Printed name of patient

Signature of patient, parent or guardian

Date