

Patient Agreement and Consent Form for Immunotherapy (Allergy Injections)

Thank you for choosing Student Health Services (SHS) to provide your immunotherapy (allergy injections). In order for us to provide high quality, safe patient care those receiving allergy injections you must agree to the following terms and sign below:

1. Allergy injections are available by appointments only, Monday through Thursday 9am-3pm. Call 570-941-7667 to speak with a nurse about beginning the process in our office. Our allergy nurse will work with you to coordinate a schedule for your allergy injections.
2. It is important to arrive on time for your scheduled appointments. If you need to cancel your appointment please provide a 24 hour notice to our office.
3. Please call to reschedule your injection if you are ill, have a fever, cold symptoms or severe allergy symptoms.
4. Before providing allergy injections in our office, we must receive the physician agreement signed by your allergist. You can find this form on the SHS website.
5. Initial immunotherapy injections (vial tests) must be administered at the prescribing physician's office, under the care of the prescribing physician.
6. Allergy injections will not be administered to any patient with a prior history of experiencing anaphylactic reaction to allergy serum.
7. At every allergy injection visit, please report any reaction from the previous allergy injection before the next dose is given.
8. If your allergist advises that you be pretreated with an antihistamine, it is your responsibility to follow those instructions.
9. If you receive a flu shot, tetanus shot, or any other type of immunization, wait 24 hours before receiving an allergy injection.
10. If you are pregnant or suspect you are pregnant, please notify our allergy nurse and your allergist immediately.
11. It is mandatory that you wait a minimum of 20 -30 minutes following your injection before leaving the clinic. If you cannot wait the prescribed observation time, please reschedule your appointment.
12. If you notice any type of reaction to the serum, report to the allergy nurse immediately. If symptoms occur outside of SHS, return to SHS during office hours or go to the nearest emergency department. If symptoms are severe, call Public Safety at 570-941-7777.
13. As a patient receiving allergen extract it is important that you understand reaction types both systemic and local as defined below.
 - **Local reactions:** A local reaction consists of swelling, redness and itching at or near the site of the injection. Avoid rubbing and/or scratching the area of the injection. If later in the day you develop swelling at the site, you may apply ice to the area. Rest your arm for the remainder of the day and do not exercise.
 - **Systemic reactions:** Signs of a systemic reaction may include: itching of the throat, nose, eyes, palms or skin; hives; sneezing; runny nose; coughing; wheezing; chest tightness; abdominal cramping; swelling or redness of the face or other areas of the body; sweating; dizziness; or weakness. Most severe reactions occur shortly after the injection.
14. Allergen immunotherapy will only be administered when a medical provider is present and readily accessible in the office.
15. Allergen immunotherapy will not be administered during the summer semester.

16. Treatment of reactions will be done under the Allergists prescribed protocol.
17. The SHS will provide the service of storing allergen extracts for patients between injections as described in the following procedures. SHS is not liable for the compromise in the integrity of the medication due to handling before receiving the medication or for loss or compromise of integrity due to power outage, storage equipment failure, or catastrophic event.
18. Provider consents and patient agreements expire at the end of each academic year. Forms must be updated at the beginning of every fall semester.

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____

Please mail or fax this form to:

**The University of Scranton
Student Health Services
800 Linden Street
Scranton, PA 18510
Phone: 570-941-7667
Fax: 570-941-4298**