



Allergy and Asthma Associates, P.A.
James R. Banks, M.D. & Timothy Andrews, M.D.

PATIENT NAME: _____

DATE OF BIRTH: _____

Allergy Immunotherapy Consent

Introduction:

Allergy vaccination, or allergy immunotherapy, has proven over the years to be a successful, safe way of decreasing the severity of allergies to inhaled allergens such as pollens, mold spores and house dust mites. We occasionally use it in the management of allergies to cats and dogs, but avoidance is even more important in those circumstances. Your allergy solution consists of extracted proteins of those allergens causing you the biggest problems. Gradually increased doses of injected allergens prompt your immune system to make certain changes that reduce the allergic response.

Procedure:

It is necessary to start your injections with a very dilute solution (vial #1) since you are being injected with substances to which you are allergic. Your injections will continue in gradually increasing doses twice weekly until you reach the full strength solution (vial #4). With each injection we check your arm 30 minutes afterwards to determine if a local reaction is occurring. Your dose may be reduced if you experience a larger local reaction. It takes about four months to reach full strength dose, at which time the dosing interval becomes weekly. As one improves, the interval may be extended to every two weeks or more. Immunotherapy is routinely stopped after 3-5 years of maintenance injections with clinical benefit. In certain situations your allergy shots may be continued past 5 years. Every six months we must make new extract, since allergens naturally denature and lose potency. Since fresh extracts are more potent, your dose must be reduced temporarily. An occasional missed injection will not change your long-term result, but you must receive shots fairly regularly to gain the benefits.

Benefits:

The majority of patients undergoing allergy immunotherapy have improvement in the control of their allergic condition. Response can vary from complete resolution of symptoms without the need for maintenance allergy medication to modest improvement in symptoms with the continued need for maintenance allergy medication. There is a small chance that you will not experience any benefit from allergy shots. For many people immunotherapy *permanently* decreases the severity of their allergies.

Risk:

The most common reactions are mild and include brief itching, soreness, or swelling at the injection site. Generalized allergic reactions (systemic reactions) to shots occur in 1 to 2 out of 100 allergy injections. Symptoms can include hives, itching all over, sneezing, wheezing, chest tightness, or a flushed sensation. Serious, life-threatening reactions are remotely possible, and fatalities from such are extremely rare, with an estimated incidence of no higher than 1 in 2.5 million.

Patient responsibility:

To safely administer allergy injections you must agree to accept responsibility for the following actions.

- Allergy injections must be given in the physician's office or other setting where appropriate emergency treatment may be given.
- You must postpone your shot if you have an illness with fever, you are actively wheezing, or peak flow is down more than 20% from your usual value. (if peak flow monitoring is part of your regimen)
- Agree to a 30-minute observation period in the office after every injection, even if given at another location.
- If you experience any unusual symptoms while waiting, such as sneezing, itchy eyes, ears, or throat, chest tightness, wheezing, coughing, shortness of breath, hives, abdominal discomfort, or anything else that concerns you go immediately to the nurse.
- If you experience any of the above symptoms at home or en route after a shot, come back to this office, or call us immediately at 410-647-2600, or go to any nearby treatment center.

Minors:

- All minors must be accompanied by an adult or guardian, but exceptions are common for teenagers whose parents allow them to drive here themselves. If for any reason your child comes into the office without you, we will need to treat your child as we see appropriate. By signing this consent you are allowing us to treat your child within our standard of care for allergy shots and for any reactions, should you be present or not.

277 Peninsula Farm Road, Arnold, MD 21012
(o) 410-647-2600 (f) 410-647-4953



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Allergy Serum

When your allergy serum is due to be created initially or to be remade we will automatically create/recreate it to ensure that there are no undue delays in your treatment. If you do not contact our office your serum will be created and your insurance will be billed for your serum. It is your responsibility to contact our office if you do not wish to continue treatment. Once you have signed your consent form you are giving our office permission to make your serum and bill your insurance.

Signature: _____ Date: _____

Physician: _____ Date: _____

I am consenting to receive allergy immunotherapy (“allergy shots”) for myself/my child’s allergic condition. I consent to the standard treatment of reactions that may occur as a result of allergy shots for myself/my child. I/my child will be present during the administration and 30 minute wait period. I have been offered a chance to ask any questions regarding allergy shots.

Signature: _____ Date: _____

Physician: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

CLINICAL INDICATIONS FOR ALLERGEN IMMUNOTHERAPY

In patients with allergic rhinitis:

Symptoms of allergic rhinitis after natural exposure to aeroallergens, demonstrable evidence of clinically relevant specific immunoglobulin (IgE) antibodies and one of the following:

- _____ Poor response to medications or allergen avoidance.
- _____ Unacceptable adverse effects of medications.
- _____ Desire to avoid long-term use of medication and/or reduce the cost of medication.
- _____ Co-existing allergic rhinitis and allergic asthma.
- _____ Possible prevention of asthma in children.

Comments: _____

In patients with allergic asthma:

Symptoms of asthma after natural exposure to aeroallergens, demonstrable evidence of clinically relevant specific immunoglobulin (IgE) antibodies, and one of the following:

- _____ Poor response to medications or allergen avoidance.
- _____ Unacceptable adverse effects of medications.
- _____ Desire to avoid long-term medication and/or reduce the cost of medication.
- _____ Co-existing allergic rhinitis and allergic asthma.

Comments: _____
