



**ALLERGY & ASTHMA CONSULTANTS, LTD.**

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**Allergy & Asthma Consultants, Ltd.**  
**Immunotherapy Patient Information and Consent Form**

Our office has well-established policies and procedures for the administration of immunotherapy (allergy injections). When starting a program of immunotherapy, which is usually a period of 3-5 years, it is vital that the patient and family clearly understand all aspects of this therapy. An experienced, trained professional must administer these injections in a medical facility.

In most cases, there is no reaction to the injection except for a minimal amount of redness and perhaps tenderness at the sight of the injection. However, on exceedingly rare occasions, there can be reactions that **may require immediate treatment**. These reactions could consist of any or all of the following: itchy eyes, nose or throat, nasal congestion, runny nose, tightness in the throat or chest, coughing, increased wheezing, lightheadedness, faintness, hives, nausea and/or vomiting, and in the most extreme cases, shock. These reactions, although unusual, can be serious and life threatening. For these reasons, **it is absolutely essential that the patient stay in our office for 30 minutes after the injection**. Failure to do so may result in adverse health consequences and physician termination of immunotherapy.

Each patient's allergy material is individually prepared based on his/her own allergic sensitivities; any other patient cannot use it. Therefore, it is our policy to charge the insurance carrier/patient in advance for all allergy material upon its preparation.

I, \_\_\_\_\_, have read the above patient information and understand it. I agree to beginning immunotherapy and complying with the policies stated above. The opportunity has been provided for me to ask questions regarding the potential side effects of immunotherapy and these questions have been answered to my satisfaction.

**Allergy & Asthma Consultants, Ltd.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature (parent signature if a minor)

\_\_\_\_\_  
Date

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