

Allergy Patient Health Screen & Discharge Instructions

In order to provide safe and effective care, the patient will review the following Allergy Patient Health Screen Questionnaire and Discharge Instructions each visit. Accuracy of the information provided by the patient is vital to help reduce the risk of serious reactions and/or adverse events related to receiving allergy immunotherapy injections.

Patient Denies Each Visit:

1. Swelling or side effects after last injection
2. Recent fever, infection, wheezing, or ill feeling
3. Increase in allergy symptoms
4. Use of Beta Blockers or MAO Inhibitors (see list for examples if needed)
 - a. These medications may interfere with the proper counter-measures used to treat systemic reactions
5. Chance of pregnancy/current pregnancy
6. Exercise within one hour prior to injection
 - a. Exercise within one hour prior to injection may increase the risk for a systemic reaction

Patient Verifies Each Visit:

1. I have checked the name on the allergy serum being administered to me and I verify that it is my serum.
2. I have taken all prescription/OTC medications as prescribed by my allergist prior to my allergy injection

Discharge Instructions for Each Visit:

1. Wait a minimum of 20 minutes, or longer, as indicated by your allergist each visit
 - a. Failure to wait the specified wait time and be reassessed by the Allergy Nurse will prevent you from receiving further allergy injections at UHS. There are no exceptions to this policy.
2. Call 9-1-1 if a systemic reaction occurs after leaving UHS. Signs of a systemic reaction may include a tight and/or numb throat, swelling of eyes/lips/tongue, shortness of breath, nausea/vomiting, itching, or rash/hives in locations other than injection site
3. Avoid exercise for 2 hours after allergy injection
 - a. Exercise within two hours following injection may increase the risk for a systemic reaction

Allergy Clinic Notes to Remember:

- Patients who miss their appointment without calling to cancel or reschedule will be charged a no-show fee
- UHS does not ship allergy serum. It is the patient's responsibility to pick up allergy serum from the Allergy Clinic

By signing this form, the patient acknowledges understanding of all information and instructions provided in the Allergy Patient Health Screen & Discharge Instructions. The patient also acknowledges the importance of providing accurate information, as well as discussing any questions or concerns regarding receiving allergy injections with the Allergy Nurse.

This information was reviewed with me by the UHS Allergy Nurse. I was provided a written copy of these instructions, as well as an opportunity to ask questions. I acknowledge understanding of all information/instructions above.

Patient Signature _____

Date: _____

Allergy Nurse Signature _____

Date: _____

