



University Health Services Allergy Clinic Consent & Agreement

Although Texas A&M University Health Services does not have an allergist on staff, we do provide continuing desensitization treatment using allergens and instructions prescribed by your Allergist.

Allergy injections will be administered between 8:00 am and 4:00 pm Monday through Friday so that we may contact your Allergist if needed. Allergy injections will not be administered to new patients Friday after 12:00. If your Allergist's office is closed and we need to consult with them about your allergens, we cannot give you an injection.

All patients receiving continual / scheduled desensitization treatment from University Health Services will be evaluated by a medical provider during initial consultation.

Due to risk associated with allergy immunotherapy, you must meet the following conditions before receiving your injections at Student Health Services:

- Specific instructions from your Allergist must be provided before any injections are given.
- Allergy antigen must be provided by the patient, and it is the patient's responsibility to ensure it is always available. We are happy to communicate by phone or fax with your Allergist's office to help facilitate this process.
- It is your responsibility to make and keep appointments that allow you to stay on the immunotherapy schedule established by your Allergist. Noncompliance with therapy will be subject to review by our clinical staff. We may choose to discontinue administration and refer you back to your Allergist's care for repeated noncompliance or breaks in therapy of over ninety days.
- No bee venom buildups will be administered, only maintenance.
- Allergen vials will be discarded when they expire unless an exception has been made per allergist orders. All allergy vials will be discarded after 6 months after the date of last allergy injection with University Health Services.
- Upon leaving the University for an extended time, you must plan to pick up your allergens or arrange to have them shipped to your allergist for a \$25 service fee. Please notify us in writing if you have authorized another person to pick up your allergens. We will not mail allergens to you.
- If you are taking MAO Inhibitors (a type of anti-depressant), beta-blockers, or ACE Inhibitors (both blood pressure medications), you will not be permitted to receive allergy injections at University Health Services. These medications make Epinephrine less effective should a serious allergic reaction occur. It is the patient's responsibility to inform nursing staff of medication use or changes.
- If wheezing, coughing, and/or hives occur after your injection, you should start your emergency plan immediately. Seek emergency medical attention (e.g., Emergency Department or Urgent Care Facility) or call 911. If this occurs, you must be evaluated by an Allergy Specialist before receiving further allergy injections at University Health Services.

Risks and possible complications of proposed treatment:

- Allergic reactions, ranging from localized swelling to anaphylactic shock, may follow these injections. Potential risks of allergy immunotherapy include but are not limited to localized swelling, itching of eyes, nose, or throat, nasal congestion, chest or throat tightness, coughing, unusual wheezing, lightheadedness, nausea, vomiting, hives, shock or death.
- For your safety, you must remain in the designated area for at least 30 minutes after your injection(s). Your Allergist may require a longer waiting period. A nurse will check and document the injection site before you leave. If you do not comply and return for arm checks, we may refuse to continue administering injections for your safety.
- I have read and understand the above instructions and will adhere to them.
- Risks and benefits have been explained by my healthcare provider.
- I understand the above information and give my consent to have the prescribed treatment/procedure performed.



University Health Services Allergy Clinic Agreement

_____ I acknowledge that I have informed the medical providers of an accurate list of my current medications and will update them with any changes to that list before I receive any injections.

_____ I agree that I will inform health center staff prior to future injections if my allergen regimen has changed.

_____ I understand that allergy injections will not be given, and my appointment will be rescheduled if I do not present with an epi-pen when required.

_____ I understand that allergy injections may be cancelled or delayed if I do not take the required prophylactic medication in the appropriate time frame before my appointment.

_____ I understand that communication with University Health Services staff will occur through the Patient Portal, and I am responsible for messages received. The standard turnaround time for providers and staff to reply to messages is 48 business hours.

_____ I understand that if I have a systemic or large local reaction, that my next dose will be discussed with my allergist office and may require that my next injection take place in their office.

_____ I understand that if I have a reaction after leaving University Health Services, that I will notify the provider within 12 hours of the reaction via secure message.

_____ I understand that if I become pregnant during treatment that I will notify staff so that proper precautions can be taken, and the allergist office can be notified.

_____ I understand that I cannot receive allergy injections while on beta-blocker, MAO Inhibitor, or ACE inhibitor medication.

_____ I understand and agree to wait the minimum 30 minutes post injection time to monitor for reactions. I understand that if I do not wait the required time, or get checked after, University Health Services reserves the right to no longer continue your allergy immunotherapy.

_____ I understand that any appointments that are not cancelled 2 hours before my appointment time will be subject to a no-show or late cancellation fee.

_____ I understand that if I have respiratory symptoms, my injections may be delayed or canceled.

Print Name

UIN

Signature

Date

Staff Witness-Print

Staff Signature