

Penn State Behrend Health and Wellness Center Academic Year 2023-2024 Referring Allergist Agreement

Students requesting allergy immunotherapy administration at Penn State Behrend Health and Wellness Center (HWC) are required to have their referring allergist complete this form.

Note: Penn State University Behrend Health and Wellness Center will not complete or sign any type of form from referring allergist's office.

Deadline: Referring Allergist Agreement form must be completed and received in the Allergy Clinic prior to scheduling the first appointment. **This order will expire June 30, 2024,** and new forms must be provided to continue immunotherapy.

Allergist Agreement

My patient (printed name): _____ Date of Birth: _____,
requests that Penn State Behrend Health and Wellness Center administer allergy extracts provided by my office.

Allergist Information:

Name: _____

Office Phone Number: _____ Office Fax Number: _____

Office Hours: _____

Patient Information:

Patient has been receiving immunotherapy in my office since: _____

Select the appropriate checkbox below. Provide additional details if requested.

1. Has patient had a systemic reaction: Yes No
If yes, provide date(s)/description: _____
2. Is an oral antihistamine required before injections on injection days? Yes No
If yes, provide **minimum hours / minutes** before injections: _____
3. Is patient required to carry their own EpiPen on injection days in case of reaction after they leave the allergy clinic? Yes No
4. I have prescribed the EpiPen: Yes No
My office has instructed the student on its usage: Yes No

5. Does patient have asthma? Yes No
Is asthma currently well controlled? Yes No
 Not Applicable

6. Is patient required to have Peak Flow measured before injections? Yes No
If required, what is the minimum Peak Flow to receive injection(s)? _____

Medications patient is taking including dosage and frequency (attach medication list if necessary):

Other pertinent diagnoses:

I agree that:

- I will provide allergen immunotherapy extracts in adequately labeled vials (including vial contents and concentration) for administration at Penn State University HealthServices.
- I will provide detailed instructions regarding dosage schedule for buildup phase and/or maintenance, late or missed injections, local reactions, and signed, faxed instructions on adjustments that might be necessary.
- I will continue to be responsible for the management of this patient’s immunotherapy and for the modification of doses during therapy.
- Allergy injections are associated with some widely recognized risks. While most adverse reactions are local, there is a risk of severe systemic reactions even with appropriately administered allergen immunotherapy; life-threatening and fatal reactions do occur. In the event a patient presents with a systemic reaction, I understand the following emergency measures will be taken, as indicated:
 - Epinephrine 0.3ml 1:1000 IM (may use Adult or Junior EpiPen as indicated)-can repeat at 5 to 15-minute intervals
 - Benadryl 50 mg IM
 - Oxygen via nasal cannula at 6-8 L/min
 - BP, pulse, respirations, and O2 Sat every 5 minutes
 - Nebulizer treatment with Albuterol 0.083%, if indicated
 - Solu-Medrol 125mg IV push over 1 minute, if indicated
 - 911 called if Epinephrine is given

Referring Allergist Signature: _____ **Date:** _____

Referring Allergist Printed Name: _____

After completing, signing, and dating this form, please fax form to: ATTN: Allergy Nurse 814-898-6924