

ALLERGY INJECTION CONSENT FORM

Allergy injections (immunotherapy, hyposensitization) involve a certain risk. The program consists of injecting into an individual, in increasing doses, materials to which he is allergic. Consequently, it is possible to have an allergic reaction to the injection itself. Reactions can be local (at the injection site) or systemic (affecting the entire body).

Local reactions are most likely to occur when the extract dose is being increased. Localized itching and swelling at the injection site is to be expected. If not excessive (e.g. not larger than a quarter, and not lasting over 24 hours), it is of little concern. If the local reaction is more pronounced, the subsequent dose of allergy extract may be repeated or decreased.

We are most concerned with systemic reactions. These occur approximately once in every 500 injections, and can vary in severity. Most are relatively minor, and may include, but not limited to, flushing, heart palpitations, itching, hives, nasal congestion, sneezing, or coughing. The more severe reactions can include difficulty breathing, asthmatic reactions, swelling of the throat, and even shock. Although extremely uncommon, fatal reactions from allergy injections have been reported.

Some conditions make allergic reactions to injections more likely; heavy natural exposure to allergen, concurrent infection, or vigorous exercise just before or after an injection. If any of these apply, we may reduce the dose of the injection, or defer it. Reactions can occur, however, even in the absence of any of these conditions.

Because of the potential risk of a reaction to allergy injections, certain precautions are taken. We insist that patients, including parents of minors, wait in the doctor's office for thirty (30) minutes after receiving their injection. We will check the injection site and measure any local reaction. Please realize that not all reactions will necessarily occur within the first thirty minutes, but if a severe reaction does occur, it will usually begin within this time frame.

An allergy injection will be given only when there is a physician present in the immediate area. If you wish to receive your injection in our office, we have designated hours each day for this. If you find it more convenient to receive your injection at your primary care physician's office, we will gladly arrange this for you. We do not allow allergy injections being given outside of a medical facility. We reserve the right to withhold allergy injections and extracts if patients are found not to be complying with the thirty-minute waiting period, or if it is felt that their injections are being administered improperly.

I have read the above consent form and understand the risks of allergy injections. I authorize Allergy & Asthma Center of East Orlando / Dr. Boyce Hornberger, M.D. to prepare extracts.

DATE
SIGNATURE OF PATIENT

DATE
PATIENT'S NAME (Please Print)

DATE
SIGNATURE OF PARENT OR LEGAL GUARDIAN IF
PATIENT UNDER 18 YEARS OF AGE

DATE
WITNESS

Where do you plan on receiving your allergy injections?

Oviedo Alafaya Other Facility _____

Preferred phone number _____