CONSENT TO ALLERGY TESTING AND IMMUNOTHERAPY

Patient Name _____ Chart # _____

1. I hereby authorize Suncoast ENT Surgical Specialists Allergy Division physicians or any duly qualified employee thereof to perform intracutaneous and intradermal allergy testing on me (or my child). Should the testing show positive results and immunotherapy is recommended for and accepted by me, I further authorize the above-mentioned parties to perform allergy injections on me (or my child).

2. I understand that other treatments for my allergies (i.e. medications, avoidance, and environmental control) have either failed to adequately control my symptoms or have become too burdensome.

3. I understand that while allergy skin testing and immunotherapy are very safe techniques, there exists the remote possibility of severe reactions, including anaphylactic shock, status asthmaticus, and death during either the testing phase or immunotherapy phase.

4. I also understand that many less serious reactions may occur. These include local irritations, such as raised wheals, itching or burning at the injection site, arm pain and/or tingling sensation. These may also include systemic reactions, such as generalized itching or hives, temporary worsening of allergy symptoms, fatigue, nausea, and fainting.

5. I further understand that while the vast majority of patients undergoing allergy immunotherapy have significant improvement in their symptoms, each patient will respond differently and that I may not experience any improvement in my allergy symptoms.

6. I understand there is a slightly increased risk of severe allergic reaction if I am taking a Beta-blocker for hypertension, heart disease, migraines, or glaucoma.

7. I certify that I am not currently pregnant.

8. I intend to follow all the rules of this office regarding immunotherapy, including waiting 20 minutes following my injections before leaving the office, and having an EpiPen in my possession for all injections. I understand that no injections may be taken outside of this office until I have reached maintenance dose. Even then, all injections must be given in a licensed physician's office, capable of handling allergic emergencies, unless there is a licensed physician or nurse at home and an adrenalin kit is available.

9. I understand that there is a $50 no-show fee for a missed allergy testing appointment.

Signed: _____ Date _____
Patient or legal guardian

_____ _____
Witness Physician

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