Northwestern Medicine®

Northwestern Medicine
Student Health Service
633 Emerson Street
Evanston, Illinois 60208
847.491.8100 • Fax: 847.491.5919

PATIENT LABEL

ALLERGEN IMMUNOTHERAPY ORDER

This form must be completed, signed, and faxed or mailed to Northwestern Medicine Student Health Service any time you request a change in order or send new vials for your patient. Student Health Service must receive this form and documents that go with it via fax or mail before our mutual patient can schedule an appointment for injection.

Patient Information			
Student Information			
Last Name		**First Name**	
Middle Name		**Preferred Name**	
Date of Birth (MM/DD/YYYY)			
Allergist Information			
Last Name		**First Name**	
Office Telephone		**Office Fax**	
Address	_____ _____		

Pre-injection

Is peak flow required prior to injection? ☐ No ☐ Yes Hold injection if less than _____ L/min

Is student required to take an antihistamine prior to injection? ☐ No ☐ Yes

Can student receive a vaccine the same day as an allergy injection? ☐ No ☐ Yes

If not, after which period may a patient receive a vaccine?_____

Below are additional pre-injection screening considerations that would require additional instruction from our office prior to immunotherapy administration:

- _____
- _____
- _____
- _____

Date of last allergy injection(s) _____ (please attach any visit notes from last appointment)

Vial(s) and dose(s) given for last allergy injection _____

Injection Schedule

Begin with _____ (dilution) at _____ mL (dose) and increase according to the schedule below.

Increase according to schedule every _____ to _____ days weeks *(circle one)*. Once maintenance dose of _____ mL is reached, repeat maintenance dose of _____ mL every _____ days weeks *(circle one)*.

The patient is currently undergoing build-up maintenance *(circle one)* therapy.

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Injections will be administered subcutaneously using a 1 cc syringe with a non-removable 27-gauge, 1/2-inch needle or 3/8-inch needle in the outer aspect of the upper arm.

Build-up Phase

Vial Name:	Vial Name:	Vial Name:	Vial Name:
Content(s):	Content(s):	Content(s):	Content(s):
Dilution:	Dilution:	Dilution:	Dilution:
Expiration:	Expiration:	Expiration:	Expiration:
Dose	Dose	Dose	Dose
mL	mL	mL	mL
mL	mL	mL	mL
mL	mL	mL	mL
mL	mL	mL	mL
mL	mL	mL	mL
mL	mL	mL	mL
mL	mL	mL	mL
mL	mL	mL	mL
mL	mL	mL	mL
mL	mL	mL	mL

Maintenance Phase

Vial Name:	Vial Name:	Vial Name:	Vial Name:
Content(s):	Content(s):	Content(s):	Content(s):
Dilution:	Dilution:	Dilution:	Dilution:
Expiration:	Expiration:	Expiration:	Expiration:
Dose	Dose	Dose	Dose
mL	mL	mL	mL

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Missed Injections

Time Since Last Injection	Dose Recommendations
	Continue increasing per schedule
	Repeat last dose, then continue per schedule
	Reduce the dose by 1 step, then continue per schedule
	Reduce the dose by 2 steps, then continue per schedule
	Reduce the dose by 3 steps, then continue per schedule
	Call office to speak with one of our nurses or medical providers prior to giving any additional immunotherapy

Reactions

Reaction/Swelling	Management
	Proceed on schedule
	Repeat dose at next injection
	Reduce the dose by 1 step at next injection
	Reduce the dose by 2 steps at next injection
	Call office to speak with one of our nurses or medical providers prior to giving any additional immunotherapy

Additional Instructions _____

_____

_____

By signing this form, I attest that I have read the *Referring Allergist Agreement*, the *Policy and Procedures for Allergy Immunotherapy* and the *Physician Management of Anaphylaxis and Systemic Reaction* documents from Northwestern Medicine Student Health Service. I have discussed the above schedule and the risks, benefits, complications alternative treatment and associated risks, and expected results with my patient, _____ (patient's name).

The patient, guardian, or authorized representative indicated they have been adequately informed and agree to this allergy injection procedure.

Time _____ Date _____ Ordering Clinician Signature _____

Ordering Clinician Printed Name _____ NPI # _____

Phone/fax numbers and name of shot nurse to contact directly for questions:

_____