

## 2017-18 Administration of Allergy Immunotherapy Instructions

### Students

Read instructions carefully prior to completing the Consent for Administration of Allergy Immunotherapy forms. Students requesting allergy immunotherapy administration at NUHS are required to complete this form.

**Deadlines** – This form and all accompanying documents must be completed and received in the Allergy Clinic prior to scheduling the first appointment. This order will expire August 31<sup>st</sup> each year, and new release forms must be completed to continue immunotherapy.

#### Referring Allergist

Have your referring allergist read and complete the [Referring Allergist Agreement](http://www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/assets/allergy-agreement.pdf) at:  
[www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/assets/allergy-agreement.pdf](http://www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/assets/allergy-agreement.pdf)

#### Extract Shipping:

**Allergy extracts must be shipped overnight via UPS or FedEx (not US Postal Service) from referring allergist's office to NU Health Service. No extract otherwise transported will be accepted. NUHS will overnight ship to student's allergist's office upon request.**

#### Scheduling

- Prior to the first allergy shot appointment at NUHS, students must have one initial orientation visit.
- After the orientation visit, to schedule an appointment for allergy shots, call 847.491.2204.
- After the first appointment, successive appointments can also be schedule through the *NUHS Personal Health Portal* at [https://www-healthy.nuhs.northwestern.edu/login\\_directory.aspx](https://www-healthy.nuhs.northwestern.edu/login_directory.aspx)
- Priority is given to allergy patients who are on schedule, so if web- booking cannot provide a needed day/time, call the appointment desk.

#### Personal Information

Provide personal information for you and your referring allergist in the table below:

Student and Referring Allergist Information			
Student Information			
Last Name		First Name	
Middle Name		Preferred Name	
Date of Birth (MM/DD/YYYY)		Student ID (Wildcard number)	
Allergist Information			
Last Name		First Name	
Office Telephone		Office Fax	
Address	<hr/> <hr/>		

Keep a copy of this form for your reference and submit form to:  
Northwestern University Health Service, 633 Emerson Street, Evanston IL 60208 along with *Referring Allergist Agreement* and *Student Immunotherapy Agreement*.