

Grapevine Internal Medicine Centre  
Department of Allergy and Immunotherapy

1604 Lancaster

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(817) 481-8661

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**New Patient Packet**

This packet contains documents you will need to review and fill out prior to your appointment for allergy testing. Your records in the allergy and immunotherapy department will remain separate from Dr. Ferris' and Dr. Page's office records. This is why you are being asked to provide information to help us provide quality care for you.

I look forward to seeing you at your scheduled office appointment.

Amy Varvil, LVN

Allergy and Immunotherapy Specialist





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**Allergy History**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Present symptoms \_\_\_\_\_

**Ever had allergy testing or shots?** \_\_\_\_\_ Were you able to tolerate the tests and shots?

If no, explain \_\_\_\_\_

Any known allergy to medications? YES/NO.

**If yes, what?** \_\_\_\_\_

Any known allergy to foods? YES/NO.

**If yes, what?** \_\_\_\_\_

Any known allergy to smoke? YES/NO

Any known allergy to animals? YES/NO.

**If yes, what?** \_\_\_\_\_

**Please mark the situations that apply to you**

**A. SYMPTOMS OF POLLEN ALLERGY: (usually important in warm weather)**

\_\_\_ Aggravated outdoors

\_\_\_ Aggravated on windy days

\_\_\_ Itching of the eyes

\_\_\_ Aggravated on clear days

\_\_\_ Aggravated outdoors 7:00a.m. to 11:00 a.m.

\_\_\_ Improved indoors

\_\_\_ Improved in air conditioning

\_\_\_ Aggravated when going from an air-conditioned room to the open air

**B. SYMPTOMS OF DUST ALLERGY: (more important in cold weather)**

\_\_\_ Aggravated indoors

\_\_\_ Improved outdoors

\_\_\_ Increased within 30 minutes after going to bed

\_\_\_ Reoccur or increase each year with the return of cold weather

\_\_\_ Nasal symptoms with little or no itching of eyes

\_\_\_ Aggravated with air conditioning

\_\_\_ Increased when dusting or sweeping

**C. SYMPTOMS OF MOLD ALLERGY:**

- Aggravated outdoors between 4:30 p.m. to 8:30 p.m.
- Increased by cool evening air (early evening)
- Aggravated while mowing or playing on grass
- Aggravated from mid August to November
- Aggravated from fall to first frost
- Definitely increased around end of October
- Aggravated with north wind, September to December

**D. SYMPTOMS FROM SPECIFIC CONTACTS**

- Aggravated in house after lights have been on about an hour
- Aggravated in a certain room? Which one \_\_\_\_\_
- Aggravated in a basement
- Aggravated in barns
- React in a home with cats
- React in a home with dogs
- Aggravated in your house, but not in others

\*\*\*\*\*

***Please rate your symptoms 1-5*** (#1 is low degree of symptom, #5 is high degree of symptom)

**CIRCLE THE NUMBER**

<b>EYES:</b> (itchy, watery, or swelling)	1	2	3	4	5
<b>EARS:</b> (itchy, draining or congested)	1	2	3	4	5
<b>NOSE:</b> (runny, or congested)	1	2	3	4	5
<b>HEADACHES</b> (allergy related)	1	2	3	4	5
<b>POST NASAL DRIP</b>	1	2	3	4	5
<b>COUGH</b> (allergy related)	1	2	3	4	5
<b>SNEEZING</b>	1	2	3	4	5

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John S. Ferris M.D.

J. Kevin Page M.D.

Consent for Allergy Testing and Administration of Immunotherapy

Please read and verify that you understand the following information prior to signing this consent.

**Purpose:** The purpose of immunotherapy (allergy injections) is to decrease your sensitivity to allergy causing substances so that exposure to the offending allergen (pollen, mold, mites, animal dander, stinging insects, etc.) will result in fewer and less severe symptoms. This does not mean that immunotherapy is a substitution for avoidance measures, but is a supplement to those treatment measures.

Allergy injections have been shown to lead to the production of “blocking” antibodies and a gradual decrease in allergic antibody levels. These changes may permit you to tolerate exposure to the allergen with fewer symptoms. You, in effect, become “immune” to the allergen. The amount of this immunization is different for each person and is, therefore, somewhat unpredictable.

**Indications:** For quality immunotherapy, there must be documented allergy to substances in the environment that cannot be avoided. Documentations of allergy can be either in the form of a positive skin test or a positive blood test (RAST/ELISA). In addition to demonstrated allergy by one of the above tests, problems such as hay fever or asthma should occur upon exposure to the suspected allergen, or you may have a history of a severe reaction to an insect sting. Due to the inherent risk of immunotherapy, avoidance measures and medical management should be attempted first.

**Efficacy:** Improvement in your symptoms will not be immediate. It usually requires 3 – 6 months before significant relief of allergy symptoms is noted. Some patients will experience a partial improvement following 6 – 8 weeks of immunotherapy. It may take up to 12 – 24 months to experience full benefit of therapy. Up to 85 – 90% of patients do experience significant improvement following high-dose immunotherapy. This means that symptoms are reduced but are not always completely eliminated.

**Procedure:** Allergy injections are usually begun at a very low dose and gradually this dose is escalated on a regular basis (once or twice weekly) until the therapeutic or “maintenance” dose is reached. This maintenance dose varies from patient to patient. Weekly or twice weekly injections reduces the chance of adverse reactions and allows the maintenance dose to be attained within a reasonable period of time.

**Duration of Treatment:** It typically takes 3 – 6 months to reach the maintenance dose. This time varies depending on your response to escalating dosages and frequency of dosages. If you anticipate that you will not be able to receive regular treatment, immunotherapy is best avoided. Treatment may be discontinued at the option of the physician at any time for non-compliance issues as this increases risk of complications. Generally treatment continues for 3 – 5 years after which time reassessment of maintenance treatments will be made.

My initials on this page verify that I have read and understand the information presented.

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**Adverse Reactions:** Immunotherapy is associated with some widely recognized risk. Risk is present because a substance to which you are known to be allergic is being injected into you. Some adverse reactions may be life-threatening and may require immediate medical attention. In order of increasing severity, the following brief descriptions explain the nature of these potential reactions.

A. Local Reactions: Local reactions are common and are usually restricted to a small area around the site of the injection. However, they may involve the entire upper arm, with varying degrees of redness, swelling, pain and itching. These reactions are more likely to occur several hours after the injection. You should notify the nurse if your local reaction exceeds two inches in diameter or lasts until the following day.

B. Generalized Reactions: Generalized reactions occur rarely, but are the most important because of the potential danger of progression to collapse and death if not treated. These reactions may include:

1. Urticarial reactions (hives) include varying degrees of rash, swelling, and/or itching of more than one part of the body. There may be mild to moderate discomfort, primarily from itching. This reaction may occur within minutes to hours after the injection.
2. Angioedema is rare and is characterized by swelling of any part of the body, inside or outside, such as ears, tongue, lips, throat, intestine, hands, or feet – alone or in combination. This may be accompanied by asthma and may progress to the most severe reaction, anaphylactic shock. In the absence of shock, the principle danger lies in suffocation due to swelling of the airways. Angioedema may occur within minutes after the injections and requires medical attention.
3. Anaphylactic shock is the rarest complication, but is a serious event characterized by acute asthma, vascular collapse (low blood pressure), unconsciousness, and potentially death. This reaction usually occurs within minutes of the injections and is extremely rare.

The above reactions are unpredictable and may occur with the first injection or after a long series of injections with no prior warning. All generalized reactions require immediate evaluation and medical intervention. If a localized or generalized reaction occurs, the vaccine dosage will be adjusted for subsequent injections. Appropriate advice and treatment will always be available from our office staff at the time of any adverse reaction.

**Observation Following Injections:** All patients shall remain in the clinic for 20 – 30 minutes following the injection and shall be evaluated by the physician/nurse prior to departure.

Should you experience a generalized reaction after leaving the office you should **immediately return or go to the nearest medical facility whichever is closer** so that you can receive treatment in a timely manner. If you are not able to remain for the required period of time, please reschedule your appointment. Failure to remain and be evaluated following the immunization may result in discontinuation of therapy.

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**Initial Extract Prescription:** Your initial prescription includes all immunization vials that are required to reach a maintenance dose. In order to utilize these vials prior to the expiration date (3 months from the date of preparation) you will need to receive injections at least once per week on a regular basis. Taking injections twice weekly will allow you to reach maintenance levels at or before the expiration date. When you receive regular maintenance injections, the renewal vials generally last 2 – 3 months. Charges for the immunotherapy vials will be made at the time your individual immunotherapy vials are compounded and are due whether or not you complete the series. Additional charges will be due upon the administration of the shots and are not included in the cost of the immunotherapy vials.

**Pregnancy:** Females of child-bearing age are requested to notify the physician/nurse if they become pregnant while on immunotherapy. In consultation with the obstetrician, your doctor may continue your immunotherapy at the present dosage, but will not advance the dosage throughout the pregnancy.

**Medication:** Please notify the staff if you start any new prescription medications, particularly those used for high blood pressure, migraine headaches, and glaucoma. **“Beta-Blocker”** medications are contraindicated while on immunotherapy. If you **MUST** continue the beta blocker medication, the immunotherapy will be discontinued immediately. Adverse reactions which occur during immunotherapy may be more difficult to treat in patients on these medications and can result in significant risk and potentially death.

**Allergy Injection Schedule:** Please take an over-the-counter antihistamine medication about 1 hour prior to your appointment for immunotherapy injections. Please contact the immunotherapy nurse in advance of your arrival so your treatment and records are ready at the time of your visit. This will help to minimize the time you need to dedicate to obtaining therapy. We realize this may not always be possible, but please understand that without advance notice, your waiting time might be somewhat longer. Any minors (under age 18) must be accompanied by a parent or legal guardian. Remember that following the injection you are required to remain in the office for a minimum of 20 – 30 minutes, or as determined by your condition and to be evaluated for any adverse reaction by the office staff prior to your departure.

**Questions:** If you have any questions or concerns about anything in this Consent for Immunotherapy and Allergy Testing, please speak with the nurse/physician and ensure that your questions have been answered to your satisfaction prior to beginning testing and treatment. At each visit please ensure that your ongoing questions are adequately addressed. The nurse will either make sure your inquiries are satisfied, or will have the doctor speak with you that day, either in person or by phone as your and his availability. Do not receive an injection unless you feel comfortable that your concerns have been addressed.

**Illnesses:** Do not receive an injection if you are feeling sick, having fever, generalized rash, or having any shortness of breath. Asthma patients will be asked to demonstrate an acceptable breathing status (PEFR) prior to being treated each time.

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**Self-Administration of Immunotherapy:** Some patients prefer to self-administer, or have a family member give them their immunotherapy shots. This imparts some risk as emergency medical care is not readily available. Generally, we do not recommend nor allow patients to receive their shots outside of the office until they are well-established on a steady maintenance dosage. That is, they are no longer receiving increasing dosages and concentrations of the allergy shot weekly but are receiving a steady concentration and dosage weekly. If, at that point, the patient desires to self-administer, the patient will be instructed by our staff how to give themselves the shot, and how to minimize risk of adverse effects and the emergency measures such as use of Epipen (adrenalin) injection to reverse or treat a severe adverse reaction. The patient must also agree to contact emergency assistance (calling 911) if a severe, generalized reaction occurs. A separate liability release form would be executed and the patient will receive the necessary supplies and education.

**Follow-up Care:** Once immunotherapy has been initiated you will receive the shots once or twice a week. If you are going to miss a shot you must contact the office in advance. Dosage adjustment would be necessary prior to your next shot. If multiple weeks are missed, it may be necessary to go back to the lowest concentration and dosage to re-institute therapy. Likewise, significant adverse reactions may necessitate dosage adjustments or re-testing at the option of the physician.

During the “escalation” phase the physician will review your progress with the nurse on a regular basis and would see you for his re-evaluation approximately every 2 months. Once you are on maintenance dosages the nurse will discuss your progress with the physician as needed and you will see the doctor no less than every 3 months.

It is anticipated that you will continue the maintenance dosages for a minimum of 3 years, with more highly allergic patients continuing for up to 5 years. Studies have shown a similar good response in patients who stop the shots after 5 years as compared to those who took placebo shots after 5 years indicating that the remission may be long-lasting. Re-testing may be necessary if you are not making progress in reducing your symptoms such as nasal congestion, itching, sneezing, frequent upper respiratory infections etc., or if symptoms return after the immunotherapy has been discontinued.

**Billing and Insurance:** Most insurers and Medicare plans provide some insurance benefits for allergy testing and immunotherapy. Because of the varied insurance plans it is not possible for Grapevine Internal Medicine Centre staff to know exactly what benefit your individual insurance plan covers. You are advised to contact your insurer or plan administrator to determine the extent of your coverage. Our office will work with you so that you can receive the benefits available to you under the terms of your plan by filing the appropriate claim forms, etc.

If your insurer needs information such as CPT and Procedure codes in order to advise you of coverage please contact our billing department so that they may assist you. This Consent is not intended to be all-inclusive. Please speak with our staff regarding any further questions or concern.

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I have read and understand the information in this consent. The opportunity to ask questions regarding the potential risk of immunotherapy has been provided to me. All questions have been answered to my satisfaction.

I understand that precautions consistent with the best medical practice standards will be carried out to protect me from adverse reactions to immunotherapy (allergy injections) over an extended period of time and specified intervals.

I acknowledge that no guarantee of result has been given nor implied.

I hereby give authorizations and consent for treatment or any reactions that may occur as a result of immunotherapy. I may revoke the authorization for treatment at any time, but understand that I will not be reimbursed for expenses already incurred prior to revocation such as the cost of the immunotherapy vials.

\_\_\_\_\_  
Print Name of Patient to receive Immunotherapy

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

For Office Use: I certify that I have counseled the above patient and/or legal guardian concerning the information in this Consent for Immunotherapy and Allergy Testing and that it appears to me that the signee understands the nature, risk, and anticipated benefits of the proposed treatment and further is aware that no guarantee as to outcome is given nor implied.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

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**Insurance Verification**

You will need to verify your insurance benefits prior to your appointment for allergy testing. Below is a list of CPT codes we will be using in the treatment process. Your insurance company will be able to utilize these to help with the verification process.

Allergy Testing:

95004-Percutaneous tests with allergenic extracts X48

95024-Intracutaneous test- Safety vial test X# of vials

Allergen Immunotherapy:

95115-Single injection

95117-Two or more injections

95165-Prep and provision of antigens for allergen immunotherapy  
X # of doses per vial.

Patient Education:

99211-Office visit

Payment will be due at time of service.

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### **DON'TS**

- Do **not** take Claritin, Clarinex, Zyrtec, Xyzal, or Allegra for **6** days prior to the allergy test.
- Do **not** take over the counter antihistamines (Benadryl, cold & sinus medications, sleep aids like Tylenol PM) 3 days before the test.
- Do **not** take medications such as Tagament, Pepcid, or Zantac 1 day prior to testing, as these contain antihistamine.
- You may not use antihistamine nasal sprays (i.e. Astelin, Astepro, Patanase etc.) for 3 days prior to testing.
- Do **not** take a **tricyclic antidepressant medication**. Please inform the allergy nurse if you do. These medications must be stopped 3 weeks prior to the allergy test with the permission of the prescribing physician. (Not all antidepressant medications are tricyclic).
- **Do not take a beta-blocker medication.** Please inform the allergy nurse if you do. Beta-blockers are medications used for treatment of high blood pressure, migraine headaches, heart problems, performance anxiety or glaucoma (eye drops).
- Do **not** wear cologne, scented body lotion or hair spray. Other allergy patients could be sensitive to fragrances. Deodorant is fine.

**TAKING ANY OF THE ABOVE MEDICATIONS CAN ALTER YOUR ALLERGY TEST RESULTS, OR MAKE TESTING DANGEROUS! IF YOU ARE UNSURE ABOUT A MEDICATION, PLEASE ASK THE NURSE PRIOR TO YOUR APPOINTMENT.**

### **DO'S**

- You may continue to use steroid nasal sprays.
- You can use Sudafed, Advil, or Tylenol.
- It is not necessary to be fasting or on a special diet for the test.

On the day of your test, the results will be reviewed, and you will receive a copy of your test. All medications can be resumed after testing. After testing, you will be receiving allergy injections for a minimum of 3 - 5 years. During the build up process you will be required to have your injections given in our office with a 30-minute wait. When your build up process is completed, you may self-administer your injections at home, or continue to come to our office and not wait after your injection.