



*From the Desk of
Sharon B. Clostio, L.P.N.*

CONSENT FOR ALLERGY TESTING & TREATMENT

PATIENT: _____

Date: _____

The risk involved in undergoing allergy testing and treatment have been satisfactorily explained to me including the possibility of local reactions to the injections, increased allergy symptoms (e.g., increased congestion, rhinorrhea, itchy eyes, tearing eyes, flushing, itching, asthma, and/or vasovagal reaction {nervous, sweaty, faint feeling} resulting from anxiety concerning numerous needle sticks) and severe anaphylaxis resulting in respiratory distress and/or death. These risk have been satisfactorily explained to me. Immunotherapy may require a one to three year duration of treatment.

I understand and agree that I am to wait in the allergy waiting room for at least 15 to 20 (fifteen to twenty) minutes following injections at which time I will check out with an allergy nurse or technician as it is important to document any local reactions before the patient leaves the office.

For the safety of our patients we believe the administration of these shots should be in an office prepared for any possible adverse reactions. Outlying offices may not be fully equipped or staffed should a problem arise; therefore, we require that all allergy shots be administered in our office by our allergy nurses or physicians.

I hereby consent to the administration of the inhalant allergy testing by Dr. Maria Doucet and/or staff of Acadiana Allergy Center.

You will be given a prescription for an Epi-Pen when on immunotherapy. Should a problem arise out of the office, the first 5 minutes of treatment can be live saving. I understand the importance of the Epi-Pen and have been instructed on the use of the Epi-Pen. I understand that I must fill the prescription of the Epi-Pen and carry it with me at all times. Also, I will be required to bring my Epi-pen for my shot appointments in the event that I have a reaction and need to use it at that time.

Signed: _____

Patient or Responsible Party

Date: _____

Nurse: _____

Date: _____