

## Allergy Immunotherapy Initial Visit Questionnaire

**To be completed by Patient, Parent or Legal Guardian:**

To what are you allergic? Please check all that apply:

- ☐ Pollen ☐ Dust ☐ Trees ☐ Grass ☐ Mold ☐ Fur/Dander  
☐ Insect venom \_\_\_\_\_  
☐ Medicine \_\_\_\_\_  
☐ Foods \_\_\_\_\_ ☐ Other \_\_\_\_\_

Have you ever had a severe allergic reaction to anything? ☐ yes ☐ no

Describe: \_\_\_\_\_

Do you carry an Epi-Pen? ☐ yes ☐ no

Are you currently taking any medications? ☐ yes ☐ no

☐ Antihistamine: \_\_\_\_\_ ☐ Inhaler(s): \_\_\_\_\_ ☐ Betablocker(s): \_\_\_\_\_

☐ Other meds: \_\_\_\_\_

Are your allergy prescriptions up to date? ☐ yes ☐ no

Are you currently receiving allergy shots? ☐ yes ☐ no If yes, for how long? \_\_\_\_\_

Have you ever had a reaction to you allergy shots? ☐ yes ☐ no

If yes, was it: ☐ while in the clinic ☐ after leaving the clinic

Describe reaction: \_\_\_\_\_

Do you have asthma? ☐ yes ☐ no

Do you smoke? ☐ yes ☐ no

Do you have any other medical conditions? ☐ yes ☐ no

Describe: \_\_\_\_\_

**Signature Patient, Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by UCM Health Center Clinician:**

Records received from allergist include:

Physician's name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ fax # \_\_\_\_\_ Contact Person \_\_\_\_\_

- ☐ Diagnosis being treated  
☐ Antigen name ☐ Dilution ☐ Dose ☐ Schedule ☐ Expiration date  
☐ Interval between injections  
☐ Missed dose schedule  
☐ Instructions regarding reactions  
☐ Special instructions from allergist (e.g.: peak flow prior to shots)

Confirmed:

- ☐ Patient received initial allergy shots at the allergist's office  
☐ Patient has been given UCM Health Center Allergy Clinic Info sheet  
☐ Patient has been advised that he/she must wait **30 minutes** after injections

If any of the above information is not included, allergist's office must be contacted before shots are initiated.

Notes: \_\_\_\_\_

**UCM Nurse Signature:** \_\_\_\_\_

**UCM MD Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name:

DOB:

SID#: