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IMMUNOTHERAPY CONSENT

Purpose: Immunotherapy (allergy shots) is done to desensitize your body to the environmental allergens (pollens, dust mite, animal dander) you have tested positive to on your skin test. This desensitization is done slowly starting from a dilute mix of allergens and moving to a concentrated mix of allergens. We recommend that you continue this program for at least 5 years.

Technique: Your mix of allergens will be based off your skin test results. There will be a set of 4 vials (sometimes 5 or 6 depending on you sensitivity). Each vial will be a different dilution which will increase in concentration as you advance. Typically it takes 20 shots to reach maintenance level. However, please be aware that reactions can occur and the severity of the reaction will determine the next dose you will receive. So sometimes it may take longer than 20 shots to reach you maintenance dose.

Shots are given subcutaneously in you upper arm using a small needle. We require that you come in weekly while you are advancing on vials 1 and 2. (Note: You can come in several times a week and receive up to 3 sets of shots while advancing on vials 1 through 3). Vial 4 is fully concentrated so we do not give more than one shot in a day. Again doses are increased or decreased according to the time since you last visit and reactions. Please see schedule below.

While Advancing: Up to 10 days: Increase as tolerated
10+ days: repeat last dose given
4 weeks: drop down

Maintenance: We suggest you start every two weeks and gradually go to every four weeks.

Note: Patients who go longer than twelve weeks without a shot will have to start over from the beginning.

Typical shot dose schedule:

(Tree, Weed, Mold, Dog)	(Mites)	(Cat)	(Grasses)
Vial Dilution			
#4 1:100	10,000AU	10,000BAU	100,000BAU
#3 1:1000	1,000AU	1,000BAU	10,000BAU
#2 1:10,000	100AU	100BAU	1,000BAU
#1 1:100,000	10AU	10BAU	100BAU

DOSES: 0.025, 0.05, 0.10, 0.20, 0.30

Before every shot you are required to do a peak flow. This is a test of lung function and must be at least 80% of you best. We will not give you a shot if you are wheezing or unable to reach you 80% level. We do charge for peak flows every time you come in for a shot. **EPI-PENS ARE REQUIRED EVERYTIME YOU COME IN FOR A SHOT. NO EPI-PEN, NO SHOT!!!!!!!!!!** You are required to **wait 30 minutes** in our office **after** receiving you shots. There are no exceptions. Please plan you schedule accordingly. Minors are required to have an adult present at the time of their shot or you can fill out a minor consent form if you choose otherwise.

Risks: It is possible to have life threatening reactions to allergy shots. Approximately 25% of patients receiving immunotherapy over the entire course of their shot program will experience a mild to moderate adverse reaction. The risk for dying from an allergy shot is 1 out of every 2 million shots. Symptoms of a possible life threatening reaction might include the following: chest tightness, wheezing, coughing, shortness of breath, flushed skin, itchy skin, a “funny” feeling or metallic taste in your mouth. Please let staff members know as soon as possible if you are experiencing any unusual symptoms. If you have left our office and begin to experience symptoms please go to the nearest emergency room or call 911. If needed administer your Epi-Pen.

Benefits: Most individuals (85%) will have significant improvement in symptoms 85% of the time. Improvement of symptoms is usually noted within the first year. Venom immunotherapy (honeybees, wasps, yellow jackets, hornets) has been shown to be extremely effective in preventing future systemic reactions in those who are sensitive to venom exposure.

Special Medical Concerns: If you are positive for HIV or have AIDS, or have Chronic Hepatitis, please let Dr. Blessing-Moore know. We may not recommend shots. Please let us know if you are pregnant, as your shot dose will not be advanced. We also need to know if you have started any new medications. Beta Blockers and ACE inhibitors are a particular concern. They are usually given for high blood pressure, glaucoma, or migraine headaches. We do not give shots to patients who are on Beta Blockers.

Insurance / Cost: The cost of immunotherapy will depend on the number of antigens and injections you will be receiving. Dr. Blessing-Moore combines certain mixes to try and reduce the number of injections (tree/ weed). Some insurance companies require prior authorizations. **It is your responsibility to know your insurance benefits, limits, and co-pay amounts.** We will bill your antigens directly to your insurance company first and any remaining charges will be billed to you. We suggest you call your insurance company prior to starting the program.

Note: Your insurance may or may not cover the cost of 1 year's serum supply. Some insurance companies pay only as the dose is administered. If you choose to stop the program before the antigens have been used you will be responsible for the cost of the supply that we have made specifically for you.

APPOINTMENTS: You do need to make an appointment to receive your allergy shots. You can do this through the front desk, or by going to www.schedulicity.com. We also have a text message program to update you on changes to our normal hours. It is necessary for you to see Dr. Blessing-Moore 2 months after starting shots, and then every 6 months for follow up appointments.

I have read and understand the risks and benefits discussed in the above information and agree to receive allergy shots for me (or my child). I know I can discontinue immunotherapy at anytime.

I choose to receive my allergy shots in the following office (circle one)

Palo Alto

San Mateo

Other

Patient Signature: _____ Date: _____

Patient Name: _____ Date: _____

Telephone number to call when antigens are ready: _____

Consent for minors to receive allergy shots without a parent or guardian present:

I give permission for _____ to receive allergy shots without me being present. If an emergency car is necessary due to an allergy reaction. I know my child will be treated and transferred as necessary to the hospital.

Parent or Guardian Signature: _____ Emergency number: _____

ALLERGY IMMUNOTHERAPY TREATMENT AND PATIENT RESPONSIBILITIES

ANTIGEN MIX

1. Antigen mix is determined by the results of your skin test.
2. There are usually 4 treatment sets.
3. The antigen is diluted into 4-10 fold dilutions.
(Depending on sensitivity it may be 5 or 6).
4. Treatment is given subcutaneously.

CHARGES

1. Antigens are billed directly to your insurance first.
2. Peak flow is charged each visit.
3. Injection fee is charged each visit.

PATIENT RESPONSIBILITIES

1. We require that you take an antihistamine on the day of the shot.
2. We require that you have your EPI-PEN.
3. We require that you wait 30 minutes after shots are given.

OFFICE SCHEDULE

Office hours are posted on the office calendar as well as on line at www.schedulicity.com.

PATIENT RESPONSIBILITIES

1. I will be asked several questions prior to receiving shots.
 - a) Any problems related to your last shot?
 - b) Are you feeling okay today?
 - c) Did you take your antihistamine today?
 - d) Are you on any new meds? (Beta- Blockers)
2. You must do a peak flow prior to receiving shots
3. You must verify your vials
4. You must show your Epi-Pen

I have read and understand the above information

Patient Name: _____ Date: _____

Patient signature: _____ Witness: _____