



STUDENT  
AFFAIRS

Brown-Lupton Health Center

**TCU Health Center Allergy Clinic**

2825 Stadium Dr.  
Fort Worth, Texas 76109  
Phone: 817-257-7940 Fax: 817-257-7279  
Email: AllergyClinic@tcu.edu

**Allergist's Referral Request Form**

Dr. \_\_\_\_\_

I, \_\_\_\_\_ DOB \_\_\_\_\_, am a patient currently receiving injections in your office. I am requesting that the TCU Health Center administer my allergy injections while I am in college. I give my permission to communicate with the clinic and for them to communicate with you regarding the administration of these injections.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Physician Information**

Physician's Name: \_\_\_\_\_

Office address: \_\_\_\_\_

Office contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Please make a copy for your records**

**Forms may be mailed or faxed**

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**Please give this form to your allergist**

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Doctor,

To insure that our standards of care are met, the antigens need the following information on each vial.

1. Patient Name
2. Concentration and antigen content
3. Number, letter or color to correspond with MD's written orders
4. Vial Expiration Date

**On all Doctor's orders**

1. Schedule indicating the frequency of each injection and the **code for any abbreviations**
2. Instructions for **missed** and **late injections**

We give allergy injections Tuesday-Friday 9:15am-3:30pm by appointment

**(No appointments between 11:30am-1:00pm)**

We do **not** administer the very first allergy injection for students beginning allergy immunotherapy.

We do not administer insect or bee venom. We do not administer accelerated schedules.

Does your patient have any chronic or severe illnesses which might affect the desensitization schedule?

No  Yes  If yes please indicate, Asthma, Cardiac or Other and explain.

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Is your patient on beta blockers? **Yes** **No**  
medication(s) is your patient taking:

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The health center requires students to carry an emergency kit containing an Epi-pen, liquid antihistamine and an inhaler if indicated and to bring the kit to every appointment.

If you do not provide a scale for **grading local reactions** the clinic will use the enclosed guidelines.

Grading scale and managing reactions

- 1) Wheal up to 15mm...progress according to schedule
- 2) Wheal 16-20mm.....repeat the last dose
- 3) Wheal 21-25mm.....return to previous well tolerated dose
- 4) Delayed or persistent > 12 hrs... communicate with allergist
- 5) Systemic reaction...no injections without consulting with the allergist and written instructions reviewed by medical director.

**Physician Signature:** \_\_\_\_\_