

Allergist's Referral Form

TCU Health Center - Allergy Clinic

2825 Stadium Drive
Fort Worth, Texas 76109

Main: (817) 257-7940

Allergy Clinic: (817) 257-4366
Fax: (817) 257-7279
allergyclinic@tcu.edu

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 Signature: _____ Date: _____

Physician Information

Physician's Name: _____ Date: _____

Office Address: _____

Office Contact Person: _____

Phone: _____ Fax: _____

Please make a copy for your records

Forms may be mailed or faxed

Please give this form to your allergist

Doctor,

To ensure 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 administer allergy injections by appointment only

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. Please explain.

Is your patient on beta blockers? **Yes No**

Medication(s) is your patient taking:

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: _____