Allergy shots (immunotherapy) contains extracts of pollens, molds, mites, insects or animal dander to which a patient has been shown to be allergic to by skin testing and clinical evaluation. Venom allergy shots contain the actual venom. Allergy shots work by gradually changing the immune response that your body has to your allergies. Most people receive injections for five years, although some people require shorter or longer periods of treatment depending on how quickly they respond. The injections are given weekly at first, and eventually the interval is lengthened.

Benefits of Immunotherapy

- Better control of allergic rhinitis (hay fever) and Better control of allergic asthma
- Possible reduction in need and amount of allergy and asthma medication
- Possible asthma prevention in children
- If receiving venom immunotherapy, reduction of risk of anaphylaxis from next insect sting.

Side effects:

Local reactions are more common. They include burning or itching at the site of injection. Also hives and swelling can occur at the injection site. Systemic reactions can occur in about 1% of injections.

Mild systemic reactions:

- Nasal congestion, runny nose, itching of the ears, nose and throat.
- Itchy watery and red eyes

Severe reactions:

- Wheezing, coughing or shortness of breath
- Generalized hives
- Swelling of the eyes, throat or tongue
- Stomach and uterine cramps, possible miscarriage
- Abnormalities of heart beat
- Loss of ability to maintain blood pressure and pulse

Severe reactions involving the heart, lung and blood vessels if unrecognized and untreated can be fatal. Experience has shown that the majority of reactions which require emergency treatment occur within 20 minutes of an injection. For this reason, you must wait in our designated waiting area for 30 minutes until checked by one of our clinical staff. Reactions can still occur after you leave the office. It is your obligation to report any of these reactions to us before you next shot. If the reaction is more than local swelling at the site of the allergy shot, you should return to the clinic or nearest emergency room for treatment. Alternatives to allergy shots include allergy avoidance measures and asthma/allergy medications. In signing this statement, I acknowledge that I have read fully the information that it contains, and that I have been able to have any questions answered by the physician.

**Patient signature**

(or Guardian signature) ____________________________ Date __________________

Witness ____________________________ Date __________________

I, the physician, have fully explained the indications, benefits and risks of the proposed treatment. I have answered all the patient’s questions to the best of my ability.