Dear Physician,

Your patient is requesting that Seton Hall University Health Services continue administration of his/her immunotherapy while away at school. To safely continue your plan of care we require the following:

- Clinical summary (complete attachment)
- Flow sheet that outlines schedule and dosing of injections
- Instructions for dosage adjustments related to missed or late injections and/or reactions
- Patients are to receive the first dose of all new vials from your office

Please fax or mail the attached form to Seton Hall University Health Services. We look forward to providing this service to your patient.

If you have any questions, please contact Seton Hall University Health Services at (973) 761-9175.

Sincerely,

Susan MacArthur, RN
### SETON HALL UNIVERSITY HEALTH SERVICES
### ALLERGY INTAKE SHEET
### Phone: (973) 761-9175
### Fax: (973) 761-9193

**Patient’s Name:** __________________________  Date of Birth: __________________

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<td>2.</td>
<td>When did allergy injections begin?</td>
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<tr>
<td>3.</td>
<td>Has the patient had a systemic reaction? Circle Yes*/No</td>
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<td>4.</td>
<td>Pre-medication needed? (list med/dose/time) Circle Yes*/No</td>
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<td>5.</td>
<td>Peak flow measurements? (list acceptable parameters) Circle Yes*/No</td>
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<td>6.</td>
<td>List contraindications to administering (i.e. fever, URI, etc.)</td>
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</tbody>
</table>

*Requires documentation/comment

☐ **Flow Sheet/Dosage Instructions attached**

Office contact:

Name: __________________________

Tel # ________________  Fax # ________________  Best time to be reached: ________________

Physician’s Name: __________________________

Physician’s Signature: __________________________  Date: __________________________