

PATIENT CONSENT FORM

Name: _____

Date of Birth: _____

I have agreed to receive allergy injections at the Mapleton Health Centre (MHC) as recommended by my allergist _____ as per his/her outlined schedule.

I understand and will follow the following:

1. I have received and reviewed the information sheet provided.
2. I have discussed potential side effects/reactions.
3. I understand that every precaution consistent with the best medical practice will be carried out to protect me against reactions.
4. In the event of a severe reaction, I agree that the physician/practitioner in charge has permission to treat said reaction.
5. MHC will store my medication in a medical refrigerator and will take best efforts to keep it safely stored. If there is an unforeseen event, such as a power failure, which affects the viability of my vaccine, I will be advised.
6. MHC will make best efforts to keep the vaccine safe but is not liable for any deterioration caused by unforeseen events such as a power failure.
7. I am aware that expire allergen serum cannot be used. I will be informed when my serum is about to expire and asked if I would like to reorder. If I choose not to reorder my serum, I understand I will have to cease injections and may have to be referred back to the allergist if I decide to resume.
8. No allergy injections can be given without the presence of a physician in the building.
9. I must remain in the clinic 30 minutes following the allergy injection based on instructions given by the nurse. Failure to comply may result in no further appointments with nursing staff.
10. I will notify the nurse of any medication changes, any new over-the-counter drugs, and any new herbal supplements that I am taking.
11. If I become pregnant, I will advise the nurse that I am pregnant and will consult with my allergist to determine whether the injections should be continued.
12. I will notify the nurse if I experience adverse reactions following the injection (shortness of breath, faintness, itchiness, tight throat, numbness or tingling of lips, tongue, etc).
13. Some redness, swelling, or irritation right around the site of infection is normal. These symptoms should go away in 4 to 8 hours.
14. I am aware that if a patient is less than 18 years of age, a parent or legal guardian must be present during the waiting period.
15. The cost of the allergen serum is solely the responsibility of the patient. I understand that MHC is NOT under any circumstances responsible for the cost of the allergen serum.
16. I will avoid exercise or overheating of my body for at least two hours prior and four hours after my injection.

Patient Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

As a parent or legal guardian, I understand that I must accompany my child throughout the ENTIRE 30 MINUTE WAIT.

Physician/Nurse/Practitioner Signature: _____ Date: _____